

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049784

FILED
Apr 27, 2010
Secretary of State

Entity Name: INNOVATIVE MEDICAL SPECIALTIES, LLC.

Current Principal Place of Business:

115 CAUSEWAY BLVD
BELLEAIR BEACH, FL 33786

New Principal Place of Business:

Current Mailing Address:

115 CAUSEWAY BLVD
BELLEAIR BEACH, FL 33786

New Mailing Address:

FEI Number: 42-1698212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUL, ROGER
115 CAUSEWAY BLVD
BELLEAIR BEACH, FL 33786 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAUL, DEBRA
Address: 115 CAUSEWAY BLVD
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM
Name: MAUL, ROGER
Address: 115 CAUSEWAY BLVD
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM
Name: MAUL, CARRIE
Address: 5826 S CROCKER ST
City-St-Zip: LITTLETON, CO 80120

Title: MGRM
Name: MITCHELL, HERBERT
Address: 4945 WESTCHESTER CT #4402
City-St-Zip: NAPLES, FL 34105

Title: MGRM
Name: MAUL, ROBERT L
Address: 4445 YORK AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55410 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROGER MAUL

MGRM

04/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date