

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081275

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

6899 COLLINS AVENUE, #2103  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6899 COLLINS AVENUE, #2103  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 27-0801560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, IRA R  
16375 NE 18TH AVENUE, SUITE 225  
NORTH MIAMI BEACH, FL 33162 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:** MGR  
**Name:** LIPSKY, RICHARD  
**Address:** 6899 COLLINS AVENUE, #2103  
**City-St-Zip:** MIAMI BEACH, FL 33141

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: LIPSKY RICHARD

MGR

04/21/2011

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