

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90023 029 ***150.00

DOCUMENT # L51630 1. Entity Name INNOVATIVE MEDICAL CONCEPTS, INC.					
Principal Place of Business % GREGORY P MARTIN 411 OAKWOOD CT FERN PARK, FL 32730			Mailing Address % GREGORY P MARTIN 411 OAKWOOD CT FERN PARK, FL 32730		
2. Principal Place of Business 530 Woodstead Court Suite, Apt. #, etc.		3. Mailing Address 530 Woodstead Court Suite, Apt. #, etc.			
City & State Longwood, FL Zip 32779		City & State Longwood, FL Zip 32779		4. FEI Number 59-3003430	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, GREGORY P. 411 OAKWOOD CT FERN PARK, FL 32730				7. Name and Address of New Registered Agent Name Gregory P. Martin Street Address (P.O. Box Number is Not Acceptable) 530 Woodstead Court City Longwood FL Zip Code 32779	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Gregory P. Martin <i>Gregory P. Martin</i> 2/4/2004 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARTIN, GREGORY P 411 OAKWOOD CT FERN PARK, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Gregory P. Martin 530 Woodstead Court Longwood, FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS MARTIN, MELISSA D. 411 OAKWOOD CT FERN PARK, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS Melissa D. Martin 530 Woodstead Court Longwood, FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT DAVILA, JOE A 710 30TH ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT DAVILA, JOE A. 530 Woodstead Court Longwood, FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <i>Gregory P. Martin</i> Gregory P. Martin 2/4/2004 407-331-4624 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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