

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M91245 (4)		
1. Corporation Name INNOVATIVE MEDICAL, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:13

Principal Place of Business
13395 SW 131 ST
MIAMI FL 33186

Mailing Address
13395 SW 131 ST
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 13450 SW 126 ST Suite, Apt., etc. Ste #4	26. Mailing Address 13450 SW 126 St Suite, Apt., etc. Ste #4	3. Date Incorporated or Qualified 07/22/1988	3a. Date of Last Report 04/25/1994
23. City & State MIAMI FL	28. City & State MIAMI FL	4. FEI Number 65-0071399	Applied For Not Applicable
24. Zip 33186	25. Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GOLIK, GEORGE 40995 SW 131 ST MIAMI FL 33186		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		10. Name and Address of New Registered Agent	
		81. Name MIAMI	85. Zip Code 33186
		82. Street Address (P.O. Box Number is Not Acceptable) 13450 SW 126 St. Ste #4	
		83.	
		84. City MIAMI	86. Zip Code 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature] Title or position of registered agent and title of officer

(Note: Registered Agent signature required when validating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLIK, GEORGE	12 NAME		
STREET ADDRESS	7820 S.W. 90TH AVE.	13 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP		
TITLE	TS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLIK, DONNA	22 NAME		
STREET ADDRESS	7820 SW 90TH AVE	23 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP		
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY - ST - ZIP		34 CITY - ST - ZIP		
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY - ST - ZIP		44 CITY - ST - ZIP		
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY - ST - ZIP		54 CITY - ST - ZIP		
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changes or on an attachment with an address.

SIGNATURE:

[Signature] **DONNA M. GOLIK**
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR

1-18-95 (305)232-8643
TMB Taylor Becker