2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# P05000098898

Entity Name: INNOVA MEDICAL SERVICES INC.

Current Principal Place of Business:

28 W. FLAGLER
SUITE 550
MIAMI, FL 33128

New Principal Place of Business:

28 W. FLAGLER STREET
SUITE #550
MIAMI, FL 33130

Current Mailing Address:

28 W. FLAGLER
SUITE 550
MIAMI, FL 33128

New Mailing Address:

28 W. FLAGLER STREET
SUITE #550
MIAMI, FL 33130

FEI Number: 54-2179813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORGE, MARCIA
15165 SW 59 ST
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

DE LA TORRE, AURA G
9581 FONTAINEBLEAU BLVD
APT#310
MIAMI, FL 33172 US

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: AURA GRISELLE DE LA TORRE 07/07/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE LA TORRE, GRISELLE
Address: 15165 SW 59 CT.
City-St-Zip: MIAMI, FL 33193

Title: VD (X) Delete
Name: JORGE, MARCIA
Address: 15165 SW 59 CT.
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DE LA TORRE, GRISELLE
Address: 9581 FONTAINEBLEAU BLVD APT#310
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURA GRISELLE DE LA TORRE PD 07/07/2006
Electronic Signature of Signing Officer or Director Date