2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098898

Entity Name: INNOVA MEDICAL SERVICES INC.

FILED May 01, 2009 Secretary of State

cipal Place of Business:
1

8370 WEST FLAGLER STREET 8370 WEST FLAGLER STREET

SUITE #222 222 MIAMI, FL 33144 222 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8370 WEST FLAGLER STREET 8370 WEST FLAGLER STREET

SUITE #222 222 MIAMI, FL 33144 222 MIAMI, FL 33144

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

Name and Address of Current Registered Agent: 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:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 DE LA TORRE, GRISELLE
 Name:

 Address:
 9581 FONTAINEBLEAU BLVD APT#310
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GRISELLE DE LA TORRE PD 05/01/2009