

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000098898

**FILED**  
**Aug 02, 2012**  
**Secretary of State**

**Entity Name:** INNOVA MEDICAL SERVICES INC.

**Current Principal Place of Business:**

8768 SW 8 STREET  
UNIT # 10  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441736  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 54-2179813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA TORRE, AURA G  
8500 SW 133 AVE RD  
APT 323  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

Title: PD,  
Name: DE LA TORRE, GRISELLE  
Address: 8500 SW 133 AVE RD APT #123  
City-St-Zip: MIAMI, FL 33183

Title: S,VP  
Name: BLANCO, MARCIA  
Address: 15165 SW 59 ST  
City-St-Zip: MIAMI, FL 33193

I hereby 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 all other like empowered.

SIGNATURE: GRISELLE DE LA TORRE

P

08/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date