## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P06000007312 04-23-2007 90075 043 \*\*\*158.75 1. Entity Name GLOBAL INNOVATIVE MEDICAL TECHNOLOGIES INC. Principal Place of Business Mailing Address 40075482 15275 COLLIER BLVD, #201 PMB #209 15275 COLLIER BLVD. #201 PMB #209 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03282007 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number n96411 Not Applicable Country 👾 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P. McMeekan JRAEME NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 14620 Beau but CIR. WESTON, FL 33331 City 8. The above named entity subgrits this statement for the curpose 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 lobal Innovative Medical Technologies Inc. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or ne of Adistered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition **PSTD** Change TITLE ☐ Delete TITLE MCMEEKAN, GRAEME P NAME NAME 14620 BEAUFORT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34119 ☐ Change Addition ☐ Delete TITLE TITLE NAME HESS, SAMUEL J M.D. NAME STREET ADDRESS STREET ADDRESS 1100 VIA TRIPOLI CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MCLOUGHLIN, JAMES M.D. NAME NAME 5725 BROOKWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPPOLIS, IN 46226 CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

MALLON

FILED Apr 23, 2007 8:00 am

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DOCUMENT # P0600007312  1. Entity Name GLOBAL INNOVATIVE MEDICAL TECHNOLOGIES INC.						A Grossian and a second	
1	e of Business JER BLVD. #201 F 34119	PMB #209	Mailing Address 15275 COLLIER BLVD. #201 PMB #209 NAPLES, FL 34119		PMB #209	ATTACHMENT	
Principal Place of Business - No P.O. Box # 3. Mailing Address						40075482	
Suite, Apt.	#, etc.	<del> </del>	Suite, Apt. #, etc.			03282007 Chg-P CR2E034 (12/06)	
City & State			City & State			4. FEI Number	
Zip	Cou	untry	Zip	Соиг	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331					7. Name and Address of New Registered Agent Name P. Ncill ecklar Street Address (P.O. Box Number is Not Acceptable)    Ubro Beauford Cir.     City   FL   Zip Cod 3411 9		
the obligate	tions of pegistered a	gent.  d name of registered agent  18 \$150.00	FO Clobal d and title if applicable. (NC 9. Election Camp	OTE: Registere	alux Mae  d Agent signature requires  noting \$5	reductive characters and accept the state of Florida. I am familiar with, and accept advective accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida.	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Delete MCMEEKAN, GRAEME P 14620 BEAUFORT CIRCLE NAPLES, FL 34119				E IE EET ADDRESS '-S1-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 1100 VIA TRIPOLI				E IE EET ADDRESS '-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP	☐ Change ☐ Addition	
12. I hereby indicated of the conchanged	URE:	When	n this filing does not qualify is true and accurate and that owered to execute this repond that all other like empowere CEO Culture of the printed name of signing office.	bal A	modelur A	Medical Tech Date  Date  Date  Days  Days  Description  Propries  Propries  Days  Description  Days  Description  Days  Description  Letter 19, Florida Statutes or director o	