

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003646

FILED
May 01, 2009
Secretary of State

Entity Name: INNOVATIVE MEDICAL HEALTH CENTER, CORP.

Current Principal Place of Business:

8051 NE 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8051 NE 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 84-1723878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERANGER, SHIRLEY
8051 NE 2ND AVENUE
MIAMI, FL 33138 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

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: P () Delete
Name: DUFRENY, ALPHONSE G M.D.
Address: 8051 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: GASTON, PIERRE A
Address: 8567 CORAL WAY #321
City-St-Zip: MIAMI, FL 33155

Title: ST () Delete
Name: BERANGER, SHIRLEY
Address: 8051 N.E. 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: TVS (X) Delete
Name: BERANGER, SHIRLEY
Address: 8567 CORAL WAY #321
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GASTON, PIERRE A
Address: 8051 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

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

Title: () Change () Addition
Name:
Address:
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: ALPHONSE G. DUFRENY

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date