

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005855

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: INNOVATIVE HEALTHCARE ASSOCIATES, INC.

## Current Principal Place of Business:

900 OSCEOLA DRIVE  
200  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

900 OSCEOLA DRIVE  
200  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

8401 LAKE WORTH ROAD  
212  
LAKE WORTH, FL 33467

## New Mailing Address:

8401 LAKE WORTH ROAD  
212  
LAKE WORTH, FL 33467

FEI Number: 26-1766210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POPICK, EDWARD R MD  
900 OSCEOLA DRIVE  
200  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

POPICK, EDWARD R MD  
8401 LAKE WORTH ROAD  
212  
LAKE WORTH, FL 33467 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:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POPICK, EDWARD R  
Address: 900 OSCEOLA DRIVE, SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POPICK, EDWARD R  
Address: 8401 LAKE WORTH ROAD  
City-St-Zip: LAKE WORTH, FL 33467

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: EDWARD R. POPICK, MD

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date