2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# P09000040036

Entity Name: INNOVATIVE MEDICAL CENTER INC.

Current Principal Place of Business:

3501 WEST VINE ST., STE 116
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3501 WEST VINE ST., STE 116
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 26-4822395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, BRITTANY C
3501 WEST VINE ST., STE 116
KISSIMMEE, FL 34741 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: DIR
Name: SEYMOUR, BRITTANY
Address: 3501 WEST VINE ST., STE 116
City-St-Zip: KISSIMMEE, FL 34741

Title: VP
Name: MOHAMMED, DAMION
Address: 3501 WEST VINE ST., STE 116
City-St-Zip: KISSIMMEE, FL 34741

Title: P
Name: MASLINGH, ANNIE
Address: 3501 W. VINE STREET, SUITE 116
City-St-Zip: KISSIMMEE, FL 34741

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: BRITTANY SEYMOUR DIR 02/15/2012

Electronic Signature of Signing Officer or Director Date