2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000105462

Entity Name: INNOVATIVE HEALTH OPERATIONS, INC.

Electronic Signature of Registered Agent

FILED Apr 25, 2012 Secretary of State

Date

| t Business: | New Principal Place of Business: | | |
|---|--|---|--|
| AVENUE 34653 | | | |
| Current Mailing Address: New Mai | | ailing Address: | |
| AVENUE 34653 | | | |
| FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| AVENUE 34653 US | | | |
| | 34653 EVENUE 34653 FEI Number Applied For () rrent Registered Agent: | New Mailing Address: New Mailing Address: AVENUE 34653 FEI Number Applied For () FEI Number Not Applicable () FEI Registered Agent: Name and Address of | |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

in the State of Florida.

Title:

SIGNATURE:

Name: KHAN, HAIDER A MD

Address: 7632 MASSACHUSETTS AVENUE City-St-Zip: NEW PORT RICHEY, FL 34653

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: HAIDER A KHAN, MD P 04/25/2012