FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000028051 (9)**

1. Corporation Name
INNOVATIVE MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
770 CLAUGHTON ISLAND DR PH-16 MIAMI FL 33131 US	P O BOX 351953 STE. 322 MIAMI FL 33135-1953 US

2. Principal Place of Business 21 1450 CORAL WAY	2a. Mailing Address 26 1450 CORAL WAY
Suite, Apt. #, etc. 22 2	Suite, Apt. #, etc. 27 2
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33145 Country 25 USA	Zip 29 33145 Country 30 USA

3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 06/27/1995
4. FEI Number 65-0402010	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

VALLEJO, FERNANDO J
1142 SW 13 CT
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: VALLEJO, FERNANDO J.
82 Street Address (P.O. Box Number is Not Acceptable): 3021 SOUTH MIAMI AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33129

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/3/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VALLEJO, FERNANDO 770 CALUGHLIN ISLAND DR PH-16 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST VALLEJO, FERNANDO 3021 SOUTH MIAMI AVE MIAMI, FLORIDA 33129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALLEJO, FERNANDO J 1142 SW 13 CT MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P VALLEJO, FERNANDO 3021 SOUTH MIAMI AVE MIAMI, FL. 33129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/3/96 (305) 649-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)