## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

STREET ADDRESS

14. I do hereby certly the information indicated Lam an efficier or of appears in Block 2 SIGNATURE:

SIGNATURE AND TYPED OR P

City - S1 - ZIP

DOCUMENT # P93000028051 (9)

INNOVATIVE MEDICAL GROUP, INC.

Principal Place of Business Mailing Address 1450 CORAL WAY 2200 SWILD 1450 CORAL WAY- 2200 SW 160 SUITE 2 0 G SUITE 206 MIAMI FL 33145-2858 MIAMI FL 33145 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 04/16/1993 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0402010 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALLEJO, FERNANDO J 1750 CURTISWOOD DA. 3021 SOUTH MIAMI AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL-83129- 1764 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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. Stgnature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 11 TITLE Tille VALLEJO, FERNANDO 12 NAME R2E034 NAME 3021-SOUTH MIAMITAVE 750 CURTISWOOD DA 1.3 STREET ADDRESS STREET ADDRESS Ky BLS CAYNE, FL 33149 MIAMI FL 1.4 CITY-ST-ZIP CITY: ST-ZIF Change Addition THILE 2.1 TITLE VALLEJO, FERNANDO J 2.2 NAME 3021 SOUTH MIAMI AVE 750 CURTISWOOD UM STREET ADDRESS 2.3 STREET ADDRESS KEY BISCAYVE, F.L. MIAMI FL 2 4 CITY-ST-ZIP CI1Y - S1 - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY- 51-2IP DELETE Change ■ Addition THTLE 41 TITLE 4. 2 NAME STREEL ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY - ST - ZIP Addition DELETE Change THLE 5 1 TITLE 52 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY: \$1-20F DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME

6.3 STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the foot or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that attom or the receiver of true age entropyered to execute this report as required by Chapter 607, Florida Statutes; and that my name after or on a tlackment with in address.

6.4 CITY-ST-ZIP

6 4 9 - 10 0 0 Daytime Phone #

FILED

Apr 23 1997 8:00am

Secretary of State