

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026183

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: INNOVATIVE MEDICAL RESEARCH OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

9526 N.E. 2ND AVENUE  
MIAMI SHORE, FL 33138

## New Principal Place of Business:

9526 N.E. 2ND AVENUE  
SUITE 203  
MIAMI SHORE, FL 33138 US

## Current Mailing Address:

9526 N.E. 2ND AVENUE  
MIAMI SHORE, FL 33138

## New Mailing Address:

9526 N.E. 2ND AVENUE  
SUITE 203  
MIAMI SHORE, FL 33138

FEI Number: 65-0910768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALTZMAN, MARC A  
9526 N.E. 2ND AVENUE  
MIAMI SHORE, FL 33138

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SALTZMAN, MARC A  
Address: 9526 N.E. 2ND AVENUE  
City-St-Zip: MIAMI SHORE, FL 33138

Title: VD ( ) Delete  
Name: SALTZMAN, LOUIS  
Address: 9526 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33138

Title: PD ( ) Delete  
Name: SALTZMAN, MARC A  
Address: 9526 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS SALTZMAN

VD

03/08/2004

Electronic Signature of Signing Officer or Director

Date