

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026183

FILED
Jan 13, 2005
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 US

Name and Address of New Registered Agent:

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

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: _____

01/13/2005

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: D (X) Change () Addition
Name: SALTZMAN, MARC A MD
Address: 9526 N.E. 2ND AVENUE STE 203
City-St-Zip: MIAMI SHORES, FL 33138

Title: VD (X) Change () Addition
Name: SALTZMAN, LOUIS C
Address: 9526 NE 2ND AVE STE 203
City-St-Zip: MIAMI SHORES, FL 33138

Title: PD (X) Change () Addition
Name: SALTZMAN, MARC A MD
Address: 9526 NE 2ND AVE STE 203
City-St-Zip: MIAMI SHORES, FL 33138

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: MARC A SALTZMAN MD

D

01/13/2005

Electronic Signature of Signing Officer or Director

Date