2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE
SUITE 220
MIAMI, FL 33179 US

New Principal Place of Business:

2999 NE 191 STREET
SUITE 330
AVENTURA, FL 33180 US

Current Mailing Address:

1380 NE MIAMI GARDENS DRIVE
SUITE 220
MIAMI, FL 33179 US

New Mailing Address:

2999 NE 191 STREET
SUITE 330
AVENTURA, FL 33180 US

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 MD
1380 NE MIAMI GARDENS DRIVE
SUITE 220
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SALTZMAN, MARC A MD
2999 NE 191 STREET
SUITE 330
AVENTURA, FL 33180 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: _____ 03/12/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: SALTZMAN, MARC A MD
Address: 2999 NE 191 STREET SUITE 330
City-St-Zip: AVENTURA, FL 33180 US

Title: VD
Name: SALTZMAN, LOUIS C
Address: 2999 NE 191 STREET, SUITE 330
City-St-Zip: AVENTURA, FL 33180 US

Title: PD
Name: SALTZMAN, MARC A MD
Address: 2999 NE 191 STREET, SUITE 330
City-St-Zip: AVENTURA, FL 33180 US

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: LOUIS SALTZMAN VD 03/12/2011
Electronic Signature of Signing Officer or Director — Date