FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAY -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [redacted]6)* V44807

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****200.00 ****200.00

1. Corporation Name
INTERACTIVE ISSUES INC.
DBA INNOVATIVE MEDICAL SERVICES

Principal Place of Business	Mailing Address
246 N. WESTMONTE DRIVE 103 ALTAMONTE SPRINGS FL 32714 US	246 N. WESTMONTE DRIVE 103 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~12/20/1993~~ 6/17/92
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1275 BENNETT DR	26 1275 BENNETT DR
Suite, Apt. #, etc 22 #102	Suite, Apt. #, etc 27 #102
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD, FL
Zip 24 32750	Zip 29 32750
County 25 SEMINOLE	County 30 SEMINOLE

4. FEI Number: ~~59-0100050~~ 59-3138058 — 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

7. The corporation has/will be audited by the State of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORRENTI, PETER J ESQ. 246 N. WESTMONTE DRIVE STE. 205 ALTAMONTE SPRINGS FL 32714	81 Name: DRAZEN, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable): 1275 BENNETT DR. #102 83 84 City: LONGWOOD FL 85 Zip Code: 32750

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.

SIGNATURE: X Robert Drazen 4/26/95
(Signature, Typed or Printed Name of Registered Agent, and Date) (If not applicable, initial here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	DRAZEN, ROBERT	12 NAME	PRES. DRAZEN, ROBERT
STREET ADDRESS	~~246 N. WESTMONTE DRIVE STE. 103~~	13 STREET ADDRESS	1275 BENNETT DR #102
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32714~~	14 CITY ST ZIP	LONGWOOD, FL 32750
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	SCC 5-1-95

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 added by this attachment with an address.

SIGNATURE: X Robert Drazen ROBERT DRAZEN 4/26/95 (407)831-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036601 CP