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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KASHMER

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

01/29/2014

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002286

Entity Name: INNOVATIVE DESIGN AND EXPERIENCE ASSOCIATION FOR SURGEONS, INC.

Current Principal Place of Business:

16826 GLENBROOK BLVD. CLERMONT, FL 34714

Current Mailing Address:

16826 GLENBROOK BLVD. CLERMONT, FL 34714

FEI Number: 45-4781571

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. SUITE A TAMPA, FL 33612 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: NO CHANGE IN AGENT

Electronic Signature of Registered Agent

Officer/Director Detail :

TitleD, DIRECTORNameKASHMER, DAVID MAddress4000 KOZY KORNER ROADCity-State-Zip:CENTER VALLEY PA 18034

FILED Jan 29, 2014 Secretary of State CC3483017630

> 01/29/2014 Date

Certificate of Status Desired: No

Date