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: MARC A. SALTZMAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P99000026183

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

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2999 NE 191 STREET SUITE 330 AVENTURA, FL 33180

Current Mailing Address:

2999 NE 191 STREET SUITE 330 AVENTURA, FL 33180 US

FEI Number: 65-0910768

Name and Address of Current Registered Agent:

SALTZMAN, MARC AMD 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:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Title	D	Title	VD
Name	SALTZMAN, MARC AMD	Name	SALTZMAN, LOUIS C
Address	2999 NE 191 STREET SUITE 330	Address	2999 NE 191 STREET, SUITE 330
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	PD		
Name	SALTZMAN, MARC AMD		
Address	2999 NE 191 STREET, SUITE 330		
City-State-Zip:	AVENTURA FL 33180		

PRESIDENT

02/18/2013

Date

FILED Feb 18, 2013 Secretary of State CC3290507520

Certificate of Status Desired: No

Date