# 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA MAXSON

Electronic Signature of Signing Authorized Person(s) Detail

MGR

02/01/2024

Date

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000076331

### Entity Name: INNOVATION MEDICAL TECHNOLOGIES, LLC

# Current Principal Place of Business:

516 TAMIAMI TRAIL S 304 NOKOMIS, FL 34275

#### **Current Mailing Address:**

516 TAMIAMI TRAIL S 304 NOKOMIS, FL 34275 US

#### FEI Number: 27-3079965

## Name and Address of Current Registered Agent:

MAXSON, LISA G 516 TAMIAMI TRAIL S 304 NOKOMIS, FL 34275 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MAXSON, CHRISTOPHER	Name	MAXSON, LISA
Address	516 TAMIAMI TRAIL S 304	Address	516 TAMIAMI TRAIL S 304
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275

FILED			
Feb 01, 2024			
Secretary of State			
7196336530CC			

Date

Certificate of Status Desired: No