

**2023 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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

**MANAGER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date