

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002126**

1. Entity Name

INNOMED TECHNOLOGIES, INC.



Principal Place of Business

6601 LYONS RD  
BUILDING B1,4  
COCONUT CREEK, FL 33073

Mailing Address

6601 LYONS RD  
BUILDING B1,4  
COCONUT CREEK, FL 33073



01042008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1027481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LERNER, ALLAN M  
2888 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000776145  
01/09/08-80010-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDVS  
HERNANDEZ, SHARA  
6601 LYONS RD, BUILDING B1,4  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SHER, BRUCE  
6601 LYONS RD, BUILDING B1,4  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCDP  
SHER, BRUCE  
6601 LYONS RD, BUILDING B1,4  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-08 561-208-3770