



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign
Corporations)

SI-550

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22-006339

FILED
Secretary of State
State of California

MAR 04 2022

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) - \$25.00;

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

INNOVATIVE MEDICAL, INC.

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

C3101256

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
4210 VIA MARINA, SUITE 402	MARINA DEL REY	CA	90292
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer	First Name	Middle Name	Last Name	Suffix	
	MICHAEL		WANG		
Address			City (no abbreviations)	State	Zip Code
4210 VIA MARINA, SUITE 402			MARINA DEL REY	CA	90292
b. Secretary	First Name	Middle Name	Last Name	Suffix	
	MICHAEL		WANG		
Address			City (no abbreviations)	State	Zip Code
4210 VIA MARINA, SUITE 402			MARINA DEL REY	CA	90292
c. Chief Financial Officer	First Name	Middle Name	Last Name	Suffix	
	MICHAEL		WANG		
Address			City (no abbreviations)	State	Zip Code
4210 VIA MARINA, SUITE 402			MARINA DEL REY	CA	90292

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5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name MICHAEL	Middle Name	Last Name WANG	Suffix	
Address 4210 VIA MARINA, SUITE 402		City (no abbreviations) MARINA DEL REY	State CA	Zip Code 90292
b. Number of Vacancies on the Board of Directors, if any				

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) MICHAEL	Middle Name	Last Name WANG	Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 4210 VIA MARINA, SUITE 402	City (no abbreviations) MARINA DEL REY		State CA	Zip Code 90292

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation MANUFACTURER'S REP.
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8. Labor Judgment


Does an Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. The Information contained herein, including in any attachments, is true and correct.

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 Date

MICHAEL WANG
 Type or Print Name

PRESIDENT
 Title

✓ 
 Signature