

Interim Designation of Agent to Receive Notification  
of Claimed Infringement

Full Legal Name of Service Provider: INNOVATIVE HEALTHCARE  
SOLUTIONS, LLC

Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business): \_\_\_\_\_

Address of Service Provider: 910 OSCOLA DRIVE, # 200, WEST PALM BEACH, FL

Name of Agent Designated to Receive Notification of Claimed Infringement: RICHARD GANT 33409

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box  
or similar designation is not acceptable except where it is the only address that can be used in the geographic  
location):

Same as above

Telephone Number of Designated Agent: 561-791-1198

Facsimile Number of Designated Agent: 561-422-5844

Email Address of Designated Agent: RICHARDGANT@STOPPAINNOW.COM

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 3-16-05

Typed or Printed Name and Title: RICHARD GANT - CEO

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.

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RECEIVED

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