2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 AM
Secretary of State

DOCUMENT# F49670

Entity Name: INDEPENDENT MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

2860 23RD AVENUE NORTH
ST PERTRSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2860 23RD AVENUE NORTH
ST PERTRSBURG, FL 33713

New Mailing Address:

FEI Number: 59-2133638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANTZ, RUSSELL
2860 23RD AVENUE NORTH
ST PETERSBURG, FL 33713

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPST ( ) Delete
Name: MANTZ, JEANNE,
Address: 2860 23RD AVE NORTH
City-St-Zip: ST PETERSBURG, FL 00000, 33713

Title: CEO ( ) Delete
Name: MANTZ, RUSSELL,
Address: 2860 23RD AVE NORTH
City-St-Zip: ST PETERSBURG, FL 00000, 33713

Title: VP ( ) Delete
Name: HOLIFIELD, RICHARD
Address: 2860 23RD AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BOZOSI, JOSEPH,
Address: 2860 23 RD AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BOZOSI P 01/29/2002

Electronic Signature of Signing Officer or Director Date