

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004032 (8)**

1. Corporation Name
INTEGRATED MEDICAL SYSTEMS, INC.



Principal Place of Business: 15000 W. 6TH AVE., SUITE 400 GOLDEN CO 80401
Mailing Address: 15000 W. 6TH AVE., SUITE 400 GOLDEN CO 80401

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report: 03/22/1995
4. FEI Number: 84-0970775
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	MCCHESENEY, JOHN A	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JAMES T	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES I	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, JAMES A	
STREET ADDRESS	10 VISTA ROAD	
CITY-ST-ZIP	ENGLEWOOD CO 80110	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	CHENOWETH, DONALD S	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, KEVIN R	
STREET ADDRESS	15000 W. 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KEVIN R. MOLEY	
13 STREET ADDRESS	15000 W. 6TH AVE., #400	
14 CITY-ST-ZIP	GOLDEN, CO 80401	
21 TITLE	CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	EDWARD B. DANIELS	
23 STREET ADDRESS	15000 W. 6TH AVE., #400	
24 CITY-ST-ZIP	GOLDEN, CO 80401	
31 TITLE	EXECUTIVE VICE PRESIDENT/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RICHARD J. SMENTZ	
43 STREET ADDRESS	15000 W. 6TH AVE., #400	
44 CITY-ST-ZIP	GOLDEN, CO 80401	
51 TITLE	SR. VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CHARLES S. IOBE	
53 STREET ADDRESS	15000 W. 6TH AVE., #400	
54 CITY-ST-ZIP	GOLDEN, CO 80401	
61 TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MICHAEL S. HUNT	
63 STREET ADDRESS	15000 W. 6TH AVE., #400	
64 CITY-ST-ZIP	GOLDEN, CO 80401	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(-), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICHARD J. SMENTZ 4-29-96 (303)271-7321
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRSE034 (12/95)