


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H41523</b> 1. Entity Name <b>INTERNATIONAL MEDICAL CORPORATION</b>	
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Principal Place of Business PO BOX 14-4131 PO BOX 14-4131 CORAL GABLES, FL 33114 US	Mailing Address PO BOX 14-4131 PO BOX 41-4131 CORAL GABLES, FL 33114 US
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0079999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  QUIRANTES, RAMON, JR. 4180 W. 12 AVENUE HIALEAH, FL 33012	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000070602 11/3/01/04-80045-004 300.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRANTES, RAMON, JR. 4180 W 12TH AVE. HIALEAH, FL 33012
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_ **Date:** 2-24-04 **Daytime Phone #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR