

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10: 03

DOCUMENT # P92000005835 (3)

1. Corporation Name

INTEGRATED MEDICAL RESOURCES, INC.

Principal Place of Business

Mailing Address

3200 NW 104TH AVE
SUNRISE FL 33351

3200 NW 104TH AVE
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/18/1992

12/29/1994

2. Primary Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0370125

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Finance
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

City & State

City & State

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, DONALD
3100 NW 104TH AVE
SUNRISE FL 33351

← 3200 N.W. 104 Ave.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Type and print name of registered agent and the date.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: ROSEN, DONALD
STREET ADDRESS: 3200 NW 104TH AVE
CITY-ST-ZIP: SUNRISE FL 33351

1.1 TITLE: Director Change Addition

TITLE: S
NAME: ROSEN, EVELYNE
STREET ADDRESS: 3260 NW 104 AVE
CITY-ST-ZIP: SUNRISE FL

2.1 TITLE: President Change Addition
2.2 NAME: ROSEN, EVELYNE S.
2.3 STREET ADDRESS: 3200 N.W. 104 Ave.

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME: STREET ADDRESS: CITY-ST-ZIP:

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 193.02(2)(b), Florida Statutes. I further certify that the information included in this annual 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 12 or Block 13 if changed, or on an addition with a checkmark.

SIGNATURE:

Evelyn S. Rosen
EVELYNE S. ROSEN

2/15/95 305-398-5234