

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001733

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** INTEGRATED MEDICAL SYSTEMS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1823 27TH AVENUE SOUTH  
HOMEWOOD, AL 35209

**New Principal Place of Business:**

**Current Mailing Address:**

1823 27TH AVENUE SOUTH  
HOMEWOOD, AL 35209

**New Mailing Address:**

**FEI Number:** 63-1271193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, FARRELL E  
Address: 1823 27TH AVENUE SOUTH  
City-St-Zip: HOMEWOOD, AL 35209

Title: T  
Name: STREVY, DAVID  
Address: 1823 27TH AVENUE SOUTH  
City-St-Zip: HOMEWOOD, AL 35209

Title: VP  
Name: BOLDER, PETER  
Address: 1823 27TH AVE S  
City-St-Zip: BIRMINGHAM, AL 35209

Title: S  
Name: UPCHURCH, KELLIE  
Address: 1823 27TH AVE. S  
City-St-Zip: BIRMINGHAM, AL 35209

I hereby 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 all other like empowered.

SIGNATURE: FARRELL E. ROBINSON

P

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date