

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90102 035 ***150.00

DOCUMENT # F04000006384

1. Entity Name
MEDNET I.M.S., INC.



Principal Place of Business
11465 JOHNS CREEK PARKWAY
140
DULUTH, GA 30097

Mailing Address
P.O. BOX 957929
DULUTH, GA 30095

40004430



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-2190727

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATY, RALPH D JR
1012 HEARTLAND CIRCLE
MULBERRY, FL 33860

7. Name and Address of New Registered Agent

Name Ralph D Baty Jr
Street Address (P.O. Box Number is Not Acceptable)

3791 Rollingsford Circle

City Lakeland

FL

Zip Code 33810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME MCCOY, BRIAN M
STREET ADDRESS 345 BARDOLIER
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE VD ☐ Delete
NAME HATMAKER, DAVID
STREET ADDRESS 1776 SIMONTON BRIDGE ROAD
CITY-ST-ZIP WATKINSVILLE, GA 30677

TITLE DS ☐ Delete
NAME COLLINS, BOBBY
STREET ADDRESS 370 CROWN VETCH LANE
CITY-ST-ZIP ALPHARETTA, GA 30005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert D. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/17/06
Daytime Phone #

618-957-3721