


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90081 025 \*\*\*150.00

**DOCUMENT # F05000004508**

1. Entity Name  
**INTERNATIONAL MEDICAL ADMINISTRATORS, INC.**



Principal Place of Business  
**2960 NORTH MERIDIAN STREET  
 INDIANAPOLIS, IN 46208**

Mailing Address  
**2960 NORTH MERIDIAN STREET  
 INDIANAPOLIS, IN 46208**

40000000



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**35-1875968**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MURPHY, THOMAS J E.A.  
 8687 IBIS COVE CIRCLE  
 NAPLES, FL 34119-7728**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

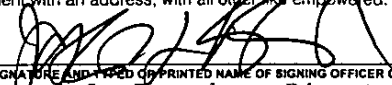
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**


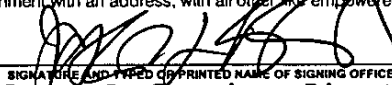
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BROUGHER, JEFFERSON W</b> <b>2960 NORTH MERIDIAN STREET</b> <b>INDIANAPOLIS, IN 46208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BROUGHER, JOSEPH L</b> <b>2960 NORTH MERIDIAN STREET</b> <b>INDIANAPOLIS, IN 46208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WALLACE, SHALER ALBERT SR</b> <b>2960 NORTH MERIDIAN STREET</b> <b>INDIANAPOLIS, IN 46208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZUSY, FREDERICK J</b> <b>2960 NORTH MERIDIAN STREET</b> <b>INDIANAPOLIS, IN 46208</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KIPFER, KURT FEDERIC</b> <b>2960 NORTH MERIDIAN STREET</b> <b>INDIANAPOLIS, IN 46208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.

**SIGNATURE:**  **01/09/2006** **(317) 655-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Joseph L. Brougher, Director/VP**

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004508					
1. Entity Name INTERNATIONAL MEDICAL ADMINISTRATORS, INC.					
Principal Place of Business 2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208			Mailing Address 2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 35-1875968	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
MURPHY, THOMAS J E.A. 8687 IBIS COVE CIRCLE NAPLES, FL 34119-7728			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROUGHER, JEFFERSON W	NAME			
STREET ADDRESS	2960 NORTH MERIDIAN STREET	STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS, IN 46208	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROUGHER, JOSEPH L	NAME			
STREET ADDRESS	2960 NORTH MERIDIAN STREET	STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS, IN 46208	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, SHALER ALBERT SR	NAME			
STREET ADDRESS	2960 NORTH MERIDIAN STREET	STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS, IN 46208	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ZUSY, FREDERICK J	NAME	Adam B. Hirschfeld		
STREET ADDRESS	2960 NORTH MERIDIAN STREET	STREET ADDRESS	2960 North Meridian Street		
CITY-ST-ZIP	INDIANAPOLIS, IN 46208	CITY-ST-ZIP	Indianapolis, IN 46208		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIPFER, KURT FEDERIC	NAME	Kurt Frederic Kipfer		
STREET ADDRESS	2960 NORTH MERIDIAN STREET	STREET ADDRESS	5730 Carrolton Avenue		
CITY-ST-ZIP	INDIANAPOLIS, IN 46208	CITY-ST-ZIP	Indianapolis, IN 46220		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		01/09/2006		(317) 655-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph L. Brougher, Director/VP		Date		Daytime Phone #	

# COPY

## 40008802





ATTACHMENT  
40008802  
#F05000004508

January 31, 2006

Florida Department of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: International Medical Administrators, Inc.  
Document#: F05000004508

Dear Sir/Madam:

Enclosed please find the original and copy of the 2006 For Profit Corporation Annual Report to be filed with your department, along with a check in the sum of \$150.00 representing the filing fee. Please file-stamp the copy and forward it to my office in the enclosed self-addressed stamped envelope when available.

Thank you very much for your assistance in this matter. If you have any questions, or need anything further, please do not hesitate to contact me at (317) 655-4588 or via email at [kristina.fisher@imglobal.com](mailto:kristina.fisher@imglobal.com).

Very truly yours,

Kristina M. Fisher  
Legal Assistant

KMF

Enclosures