2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004508

Entity Name: INTERNATIONAL MEDICAL ADMINISTRATORS, INC.

FILED Jul 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208								
Current Mailing Address:				New Mailing Address:				
2960 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208								
FEI Number:	35-1875968	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Des	sired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							t:	
MURPHY, THOMAS J E.A. 8687 IBIS COVE CIRCLE NAPLES, FL 341197728 US				WALLACE, SHALER A SR 12870 TRADE WAY 4 SUITE 108, BOX 320 BONITA SPRINGS, FL 34135 US				
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: SHALER A. WALLACE				07/29/2008				
Electronic Signature of Registered Agent					Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
OFFICERS AND DIRECTORS.								
Title: Name: Address: City-St-Zip:	PRES () D WALLACE, SHAL 2960 NORTH MEI INDIANAPOLIS, II	RIDIAN STREET		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D BROUGHER, JOS 2960 NORTH MEI INDIANAPOLIS, II	RIDIAN STREET		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D GEORGE, SHARO 2960 NORTH ME INDIANAPOLIS, II	RIDIAN STREET		Title: Name: Address: City-St-Zip:	SEC (X) C HIRSCHFELD, AI 2960 NORTH ME INDIANAPOLIS, I	RIDIAN STREET		
Title: Name: Address: City-St-Zip:	SECR () D HIRSCHFELD, AD 2960 NORTH MEI INDIANAPOLIS, II	RIDIAN STREET		Title: Name: Address: City-St-Zip:	TREA (X) C KIPFER, KURT F 2960 NORTH ME INDIANAPOLIS, I	RIDIAN STREET		
Title: Name: Address: City-St-Zip:	TREA () D KIPFER, KURT F 2960 NORTH MEI INDIANAPOLIS, II			Title: Name: Address: City-St-Zip:	DIR (X) C BARWICK, ROGI 2960 NORTH ME INDIANAPOLIS, I	RIDIAN STREET		
Title: Name: Address: City-St-Zip:	DIRE (X) E BARWICK, ROGE 2960 NORTH ME INDIANAPOLIS, II	RIDIAN STREET		Title: Name: Address: City-St-Zip:	()(Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADAM B. HIRSCHFELD SEC 07/29/2008