

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003423

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED CARE MANAGEMENT OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3440 PRESTON RIDGE ROAD  
SUITE 300  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

3440 PRESTON RIDGE ROAD  
SUITE 300  
ALPHARETTA, GA 30005

**New Mailing Address:**

**FEI Number:** 32-0341675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DCEO  
Name: HILL, KEVIN  
Address: 3440 PRESTON RIDGE ROAD #300  
City-St-Zip: ALPHARETTA, GA 30005

Title: DST  
Name: ALBRECHT, CHRIS  
Address: 3440 PRESTON RIDGE ROAD #300  
City-St-Zip: ALPHARETTA, GA 30005

Title: VP  
Name: SLEWEH, HEIDI  
Address: 3440 PRESTON RIDGE ROAD #300  
City-St-Zip: ALPHARETTA, GA 30005

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: CHRIS ALBRECHT

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04/26/2012

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

\_\_\_\_\_  
Date