

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F13931** (3)

1. Corporation Name

INTERCONTINENTAL MEDICAL SERVICES, INC.



Principal Place of Business

**375 COMMERCE WAY, SUITE 101
P.O. BOX 520090
LONGWOOD FL 32750
US**

Mailing Address

**375 COMMERCE WAY, SUITE 101
P.O. BOX 520090
LONGWOOD FL 32752-0090
US**

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 County

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**TATICH, PHILIP
801 S. LAKE DESTINY RD.
STE 200
MAITLAND FL 32751**

3. Date Incorporated or Qualified
12/22/1980

3a. Date of Last Report
05/01/1995

4. FET Number

59-2109313

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.009 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.009 and 607.1506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	ST. LAURENT, GEORGE C.	375 COMMERCE WAY	LONGWOOD FL	☐
S	STEVENS, BETH A.	375 COMMERCE WAY	LONGWOOD FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11 NAME				☐	☐	☐
12 NAME				☐	☐	☐
13 STREET ADDRESS				☐	☐	☐
14 CITY-STATE-ZIP				☐	☐	☐
21 NAME				☐	☐	☐
22 NAME				☐	☐	☐
23 STREET ADDRESS				☐	☐	☐
24 CITY-STATE-ZIP				☐	☐	☐
31 NAME				☐	☐	☐
32 NAME				☐	☐	☐
33 STREET ADDRESS				☐	☐	☐
34 CITY-STATE-ZIP				☐	☐	☐
41 NAME				☐	☐	☐
42 NAME				☐	☐	☐
43 STREET ADDRESS				☐	☐	☐
44 CITY-STATE-ZIP				☐	☐	☐
51 NAME				☐	☐	☐
52 NAME				☐	☐	☐
53 STREET ADDRESS				☐	☐	☐
54 CITY-STATE-ZIP				☐	☐	☐
61 NAME				☐	☐	☐
62 NAME				☐	☐	☐
63 STREET ADDRESS				☐	☐	☐
64 CITY-STATE-ZIP				☐	☐	☐

14. I do hereby certify that the information supplied to this filing is true and correct, 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 and therefore authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beth A. Stevens
BETH A. STEVENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/96

407/830-7723

CR2E034 (12/95)