2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # F13931** 1. Entity Name INTERCONTINENTAL MEDICAL SERVICES, INC. 03-23-2000 90034 044 ***150.00 Principal Place of Business Mailing Address 375 COMMERCE WAY, SUITE 101 375 COMMERCE WAY, SUITE 101 P.O. BOX 520090 P.O. BOX 520090 60043007 LONGWOOD FL 32750 LONGWOOD FL 32752-0090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2109313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVE **SUITE 340** MAITLAND FL 32751 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change Addition | ☐ Delete TITLE TITLE ST. LAURENT, GEORGE C. NAME STREET ADDRESS 375 COMMERCE WAY STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE STEVENS, BETH A. NAME STREET ADDRESS STREET ADDRESS 375 COMMERCE WAY CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

SIGNATURE:	Beth G. Sterms Beth. A.	Stevens
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

☐ Delete

03/21/2000

407/830-7723

Daytime Phone #