

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**  
03-14-2002 90040 001 \*\*\*150.00

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AV

**DOCUMENT # F13931**

**1. Entity Name**  
**INTERCONTINENTAL MEDICAL SERVICES, INC.**

<b>Principal Place of Business</b> 375 COMMERCE WAY, SUITE 101 P.O. BOX 520090 LONGWOOD FL 32750 US	<b>Mailing Address</b> 375 COMMERCE WAY, SUITE 101 P.O. BOX 520090 LONGWOOD FL 32752-0090 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 59-2109313		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>TATICH, PHILIP</b> <b>341 N. MAITLAND AVE</b> <b>SUITE 340</b> <b>MAITLAND FL 32751</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>

<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST. LAURENT, GEORGE C.			NAME			
STREET ADDRESS	375 COMMERCE WAY			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, BETH A.			NAME			
STREET ADDRESS	375 COMMERCE WAY			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-ZIP			
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			
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			
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			

**13. I hereby certify that the information supplied with this filing 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.**

**SIGNATURE:** *Beth A. Stevens* **Beth A. Stevens** **02/19/02** **407/830-7723**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)