

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90033 036 ***150.00

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04042005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2109313** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # F13931
1. Entity 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**TATICH, PHILIP
341 N. MAITLAND AVE
SUITE 340
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth A. Stevens **Beth A. Stevens** **04/04/05** **407-830-7723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #