

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 005 ***150.00

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

120 NE 136TH AVE

3. Mailing Address

120 NE 136TH AVE

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

STE 200

City & State

VANCOUVER, WA

City & State

VANCOUVER, WA

4. FEI Number

59-2109313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATICH, PHILIP
341 N. MAITLAND AVE
SUITE 340
MAITLAND FL 32751

Name

PHILIP TATICH

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

1151 N ORANGE AVE

City

WINTER PARK

FL

Zip Code

32789

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

[Signature]

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME ST. LAURENT, GEORGE C.
STREET ADDRESS 375 COMMERCE WAY
CITY-ST-ZIP LONGWOOD FL

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME GEORGES C ST LAURENT JR.
STREET ADDRESS 120 NE 136TH AVE STE 200
CITY-ST-ZIP VANCOUVER WA 98684-6964

TITLE S ☒ Delete
NAME STEVENS, BETH A.
STREET ADDRESS 375 COMMERCE WAY
CITY-ST-ZIP LONGWOOD FL

TITLE SECRETARY ☐ Change ☒ Addition
NAME DANIEL B MYERS-POWER
STREET ADDRESS 120 NE 136TH AVE STE 200
CITY-ST-ZIP VANCOUVER WA 98684-6964

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature] DANIEL B MYERS-POWER, SECRETARY 2/28/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

360 2609145