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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F43720** (4)

1. Corporation Name

INDEPENDENT MEDICAL CO-OP, INC.



Principal Place of Business

Mailing Address

**595 W. GRANADA BLVD., SUITE H
ORMOND BEACH FL 32174**

**595 W. GRANADA BLVD., SUITE H
ORMOND BEACH FL 32174**

2. Principal Place of Business

2a. Mailing Address

21 **131 Executive Circle**

26 **131 Executive Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite A**

27 **Suite A**

City & State

City & State

23 **Daytona Beach, FL**

28 **Daytona Beach, FL**

Zip

Country

Zip

Country

24 **32114**

25 **US**

29 **32114**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAUGHLIN, SUSAN
85 SHADOW CREEK WAY
ORMOND BEACH FL 32174**

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE
NAME **MCLAUGHLIN, SUSAN**
STREET ADDRESS **85 SHADOW CREEK WAY**
CITY-STATE-ZIP **ORMOND BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **P** ☐ DELETE
NAME **MCLAUGHLIN, BILL**
STREET ADDRESS **85 SHADOW CREEK WAY**
CITY-STATE-ZIP **ORMOND BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **MCLAUGHLIN, WILLELLA**
STREET ADDRESS **10928 SARATOGA CIRCLE**
CITY-STATE-ZIP **SUN CITY AZ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan McLaughlin* **Susan McLaughlin** **4/22/96** **904-258-1530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)