2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90065 009 ***150.00

DOCUMENT # F43720

1. Entity Name

INDEPENDENT MEDICAL CO-OP, INC.

Principal Place of Business	Mailing Address
131 EXECUTIVE CIRCLE SUITE A DAYTONA BEACH FL 32114 US	131 EXECUTIVE CIRCLE SUITE A DAYTONA BEACH FL 32114-1180 US

614592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
129 Executive Circle	129 Executive Circle
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32114 Country: US	Zip: 32114 Country: US

4. FEI Number 59-2288012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, SUSAN
85 SHADOW CREEK WAY
ORMOND BEACH FL 32174

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCLAUGHLIN, SUSAN 85 SHADOW CREEK WAY ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLAUGHLIN, BILL 85 SHADOW CREEK WAY ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCLAUGHLIN, WILELLA 10928 SARATOGA CIRCLE SUN CITY AZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Susan A. McLaughlin 2/10/00 904-258-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #