

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F43720	
1. Entity Name INDEPENDENT MEDICAL CO-OP, INC.	

Principal Place of Business 129 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114 US	Mailing Address 129 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2288012	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLAUGHLIN, SUSAN 85 SHADOW CREEK WAY ORMOND BEACH, FL 32174

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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)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000045807 02/11/04-80078-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLAUGHLIN, SUSAN 85 SHADOW CREEK WAY ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLAUGHLIN, BILL 85 SHADOW CREEK WAY ORMOND BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Susan McLaughlin</u>	2/9/04	386-258-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #