


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 007 \*\*\*150.00

<b>DOCUMENT # F98000002033</b>	
1. Entity Name <b>IMI OF NORTH MIAMI BEACH, INC.</b>	

Principal Place of Business <b>6464 CANOGA AVE WOODLAND HILLS, CA 91367</b>	Mailing Address <b>6464 CANOGA AVE WOODLAND HILLS, CA 91367</b>
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2. Principal Place of Business <b>7000 Cardinal Place</b>	3. Mailing Address <b>7000 Cardinal Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Dublin, OH</b>	City & State <b>Dublin, OH</b>
Zip <b>43017</b>	Country <b>USA</b>

**04061844**



04122004 Chg-P CR2E034 (10/03)

4. FEI Number **77-0477244** Applied For  
**NOT-APPLICABLE** Not Applicable

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

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FUNARI, ROBERT 6464 CANOGA AVE. WOODLAND HILLS, CA 91367</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Richard J. Miller 7000 Cardinal Place Dublin, OH 43017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD DELEVIE, MARK N 6464 CANOGA AVE WOODLAND HILLS, CA 91367</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President-Tax Michael R. Nelson 7000 Cardinal Place Dublin, OH 43017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WARD, DAVID L 6464 CANOGA AVE WOODLAND HILLS, CA 91367</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Gordon A. Troup 7000 Cardinal Place Dublin, OH 43017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORSTER, WILLIAM 6464 CANOGA AVE WOODLAND HILLS, CA 91367</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Donna Brandin 7000 Cardinal Place Dublin, OH 43017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BURGOS, ED 6464 CANOGA AVE WOODLAND HILLS, CA 91367</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Paul S. Williams 7000 Cardinal Place Dublin, OH 43017</b> <input checked="" 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

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:** Michael R. Nelson, VP-Tax **APR 20 2004** 604-757-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #