

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10:04

DOCUMENT # G68251 (9)

1. Corporation Name

INTERNATIONAL MEDICAL SERVICES CORPORATION

Principal Place of Business

**3610 N W 97TH BLVD
GAINESVILLE FL 32606
US**

Mailing Address

**3610 NORTHWEST 97TH BLVD
GAINESVILLE FL 32606
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/08/1983

3a. Date of Last Report
05/17/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2418296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**ARVESU, TONY
3810 NW 97TH BLVD.,
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

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)

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

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P

**ARVESU, TONY F.
5512 NW 55TH LANE
GAINESVILLE, FL 00000**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

Tony Arvesu
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

(904) 332-2040