

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # H41523

1. Entity Name
INTERNATIONAL MEDICAL CORPORATION



Principal Place of Business

PO BOX 14-4131
PO BOX 14-4131
CORAL GABLES, FL 33114 US

Mailing Address

PO BOX 14-4131
PO BOX 41-4131
CORAL GABLES, FL 33114 US



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0079999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

QUIRANTES, RAMON
4180 W. 12 AVENUE
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000350033
02/26/08-80063-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
QUIRANTES, RAMON
4180 W 12TH AVE.
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08 (305) 821-6181
Date Daytime Phone #