FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J03867** **(5)**

1. Corporation Name
IMC HEALTH CARE, INC.

Principal Place of Business	Mailing Address
4540 SOUTHSIDE BLVD. STE 803 JACKSONVILLE FL 32216 US	4540 SOUTHSIDE BLVD. STE 803 JACKSONVILLE FL 32216-5490 US

3. Date Incorporated or Qualified: 03/13/1996
3a. Date of Last Report: 02/06/1996

4. FEI Number: 59-2670367 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 9143 PHILIPS HIGHWAY	26 9143 PHILIPS HIGHWAY
Suite, Apt. #, etc. 22 SUITE 535	Suite, Apt. #, etc. 27 SUITE 535
City & State 23 JACKSONVILLE, FLORIDA	City & State 28 JACKSONVILLE, FLORIDA
Zip 24 32256-1354 Country 25 USA	Zip 29 32256-1354 Country 30 USA

9. Name and Address of Current Registered Agent

LEPRELL SAMUEL L
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: MICHAEL A. WODRICH
82 Street Address (P.O. Box Number is Not Acceptable): 1301 RIVERPLACE BLVD
83: STE 1500
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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] 4-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLER, TODD S 4540 SOUTHSIDE BLVD, STE 803 JACKSONVILLE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 9143 PHILIPS HIGHWAY SUITE 535 JACKSONVILLE, FLORIDA 32256-1354
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MACMATH, TERRY L 4540 SOUTHSIDE BLVD., STE 803 JACKSONVILLE FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 9143 PHILIPS HIGHWAY SUITE 535 JACKSONVILLE, FLORIDA 32256-1354
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORGAN, JAMES 4540 SOUTHSIDE BLVD. STE 803 JACKSONVILLE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 9143 PHILIPS HIGHWAY SUITE 535 JACKSONVILLE, FLORIDA 32256-1354
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED 2/25/97 (904)519-2000
SIGNATURE, A DOPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035267