

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03867

Entity Name: IMC HEALTH CARE, INC.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

9143 PHILLIPS HWY
535
JACKSONVILLE, FL 322561354 US

New Principal Place of Business:

Current Mailing Address:

9143 PHILIPS HWY
SUITE 535
JACKSONVILLE, FL 322561354 US

New Mailing Address:

FEI Number: 59-2670367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WODRICH, MICHAEL
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLER, TODD S
Address: 9143 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: MACMATH, TERRY L
Address: 9143 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: STUBBS, DONALD P
Address: 9143 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD KELLER

PD

02/22/2006

Electronic Signature of Signing Officer or Director

Date