

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90036 022 ***150.00

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1. Entity Name
IMC HEALTH CARE, INC.



Principal Place of Business

9143 PHILLIPS HWY
535
JACKSONVILLE, FL 32256-1354 US

Mailing Address

9143 PHILIPS HWY
SUITE 535
JACKSONVILLE, FL 32256-1354 US

66011030



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2670367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLER, TODD S
STREET ADDRESS 9143 PHILIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE STD
NAME MACMATH, TERRY L
STREET ADDRESS 9143 PHILIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP
NAME STUBBS, DONALD P
STREET ADDRESS 9143 PHILIPS HWY
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

4/27/07
Date

Daytime Phone #