

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003950

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** I.C.M.C. OF FLORIDA, INC.

**Current Principal Place of Business:**

15713 MADELINE DR.  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 147  
CERESCO, MI 49033

**New Mailing Address:**

FEI Number: 34-1468123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOLA, ROBERT L  
15717 MADELINE DR.  
HUDSON, FL 34667 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PERRY, MARVIN  
Address: POST OFFICE BOX 147  
City-St-Zip: CERESCO, MI 49033

Title: V  
Name: COONER, THOMAS  
Address: POST OFFICE BOX 147  
City-St-Zip: CERESCO, MI 49033

Title: S/T  
Name: ARMOUR, ROBERT E  
Address: POST OFFICE BOX 147  
City-St-Zip: CERESCO, MI 49033

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SCOLA

AGNT

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date