

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91094 004 ***150.00

DOCUMENT # P00000025370

1. Entity Name
INTERNATIONAL MEDICAL CARE NETWORK, INC.

Principal Place of Business
2525 HARBOR BOULEVARD #305
PORT CHARLOTTE FL 33952

Mailing Address
2525 HARBOR BOULEVARD #305
PORT CHARLOTTE FL 33952

2. Principal Place of Business
126 E. OLYMPIA AVE
 Suite, Apt. #, etc.
#301

3. Mailing Address
126 E. OLYMPIA AVE
 Suite, Apt. #, etc.
#301

City & State
PUNTA GORDA, FL.

City & State
PUNTA GORDA, FL

4. FEI Number
65-1014322

Applied For
 Not Applicable

Zip
33950

Country
USA

Zip
33950

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIL, RAMON A M.D.
2525 HARBOR BOULEVARD
SUITE 305
PORT CHARLOTTE FL 33952

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

4/23/01
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GIL, RAMON A M.D.
STREET ADDRESS	2525 HARBOR BOULEVARD #305
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LOPEZ, MARIO M.D.
STREET ADDRESS	2525 HARBOR BOULEVARD #305
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D <input type="checkbox"/> Delete
NAME	THIMM, SALLY E
STREET ADDRESS	5865 HARRISON ROAD
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 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 11 or Block 12 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

4/23/01 (94) 833-8313
 Date Daytime Phone #

CR2E034 (10/00)