

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90004 036 \*\*\*150.00

MAJOR  
AV

**DOCUMENT # P00000025370**

1. Entity Name  
**INTERNATIONAL MEDICAL CARE NETWORK, INC.**

Principal Place of Business  
**126 EAST OLYMPIA DRIVE**  
**301**  
**PUNTA GORDA FL 33950**

Mailing Address  
**126 EAST OLYMPIA DRIVE**  
**301**  
**PUNTA GORDA FL 33950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*126 E. Olympia Ave.*

3. Mailing Address  
*126 E. Olympia Ave.*

Suite, Apt. #, etc.  
*200*

Suite, Apt. #, etc.  
*200*

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~~ #312**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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  Delete  
 NAME **D GIL, RAMON A M.D.**  
 STREET ADDRESS **2525 HARBOR BOULEVARD ~~#305~~ #312**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D THIMM, SALLY E**  
 STREET ADDRESS **5865 HARRISON ROAD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  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 REQUIRED (SALLY E. THIMM) 4-26-02 941-833-8313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)