

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025370

FILED
Apr 25, 2004
Secretary of State

Entity Name: INTERNATIONAL MEDICAL CARE NETWORK, INC.

Current Principal Place of Business:

126 EAST OLYMPIA DRIVE
200
PUNTA GORDA, FL 33950

New Principal Place of Business:

2525 HARBOR BLVD.
312
PORT CHARLOTTE, FL 33952

Current Mailing Address:

126 EAST OLYMPIA DRIVE
200
PUNTA GORDA, FL 33950

New Mailing Address:

2525 HARBOR BLVD.
312
PORT CHARLOTTE, FL 33952

FEI Number: 65-1014322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, RAMON A M.D.
2525 HARBOR BOULEVARD
SUITE 512
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

GIL, RAMON A M.D.
2525 HARBOR BOULEVARD
SUITE 312
PORT CHARLOTTE, FL 33952

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: _____

04/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIL, RAMON A M.D.
Address: 2525 HARBOR BOULEVARD #312
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: THIMM, SALLY E
Address: 5865 HARRISON ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: SALLY E. THIMM

D

04/25/2004

Electronic Signature of Signing Officer or Director

Date