
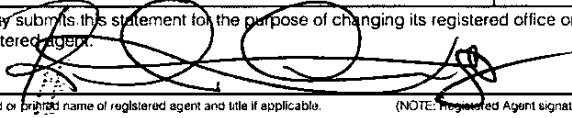



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 009 ***150.00

DOCUMENT # P0000025370					
1. Entity Name INTERNATIONAL MEDICAL CARE NETWORK, INC.					
Principal Place of Business 2525 HARBOR BLVD. 312 PORT CHARLOTTE, FL 33952			Mailing Address 2525 HARBOR BLVD. 312 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1014322	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 2/1/2006		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIL, RAMON A M.D.	NAME			
STREET ADDRESS	2525 HARBOR BOULEVARD #312	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THIMM, SALLY E	NAME	CELEBRADO, TRACY		
STREET ADDRESS	5865 HARRISON ROAD	STREET ADDRESS	2525 HARBOR PLVD, STE 312		
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			Date 2/1/2006 (941)7434987		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		