

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 036 ***150.00

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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



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1014322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIL, RAMON A M.D.
STREET ADDRESS	2525 HARBOR BOULEVARD #312
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	CELEBRADO, TRACY
STREET ADDRESS	2525 HARBOR BLVD STE 312
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	Sally Thimm
NAME	5865 Harrison Rd
STREET ADDRESS	Venice, FL 334293
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07

Date

Daytime Phone #