

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90208 044 ***150.00

0525926 AV

DOCUMENT # P00000025370



1. Entity Name
INTERNATIONAL MEDICAL CARE NETWORK, INC.

Principal Place of Business
**126 EAST OLYMPIA DRIVE
200
PUNTA GORDA FL 33950**

Mailing Address
**126 EAST OLYMPIA DRIVE
200
PUNTA GORDA FL 33950**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1014322**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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**

*(Address - Suite #
change only)*

Name **GIL, RAMON A.M.D.**
Street Address (P.O. Box Number is Not Acceptable)
2525 HARBOR BLVD, SUITE 312
City **PORT CHARLOTTE** FL Zip Code **33952**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIL, RAMON A.M.D. 2525 HARBOR BOULEVARD #312 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIMM, SALLY E 5865 HARRISON ROAD VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 **941-833-8313**
Date Daytime Phone #

CR2E034 (10/02)