

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90052 033 ***150.00

DOCUMENT # P00000060162

1. Entity Name
INTEGRATIVE MEDICAL SERVICES, P.A.

Principal Place of Business

~~1760 3RD STREET SOUTH~~
~~JACKSONVILLE BEACH FL 32250~~

Mailing Address

~~1760 3RD STREET SOUTH~~
~~JACKSONVILLE BEACH FL 32250~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 28032

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647242

Applied For
 Not Applicable

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

HALPERIN, ALAN

~~1760 3RD STREET SOUTH~~
~~JACKSONVILLE BEACH FL 32250~~

6 Fairfield Blvd
 Ponte Vedra Beach, FL 32082

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HALPERIN, ALAN K
STREET ADDRESS 6 Fairfield Blvd
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Ponte Vedra Beach FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME JOHNSON, DIANNE M
STREET ADDRESS 1760 3RD STREET SOUTH 6 FAIRFIELD BLVD.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 PONTEVEDRA, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Alan Halperin* **ALAN K. HALPERIN** **11/31/02** **904 285-7227**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)