

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90117 017 ***150.00

DOCUMENT # P00000081536

1. Entity Name

INTERNATIONAL MEDICAL COLLABORATIVE, INC.

Principal Place of Business
5400 SOUTH UNIVERSITY DRIVE
SUITE 405
DAVIE FL 33328

Mailing Address
5400 SOUTH UNIVERSITY DRIVE
SUITE 405
DAVIE FL 33328

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

05-1038239

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **MARTIN J. CALANO**
 Street Address (P.O. Box Number is Not Acceptable)
5400 S UNIVERSITY DR #405

City **DAVIE**

FL

Zip Code
33328

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PSD**
 STREET ADDRESS **CALANO, MARTIN J**
 CITY-ST-ZIP **5400 SOUTH UNIVERSITY DRIVE SUITE 405**
DAVIE FL 33328 ☐ Delete

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

TITLE
 NAME **VTD**
 STREET ADDRESS **HERNANDEZ, FRANK C**
 CITY-ST-ZIP **5400 SOUTH UNIVERSITY DRIVE SUITE 405**
DAVIE FL 33328 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

MARTIN J. CALANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

954-680-4782
 Daytime Phone #

CR2E034 (10/00)