2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 23, 2005
Secretary of State

DOCUMENT# P00000081536

Entity Name: INTERNATIONAL MEDICAL COLLABORATIVE, INC.

Current Principal Place of Business:

5400 SOUTH UNIVERSITY DRIVE
SUITE 405
DAVIE, FL 33328

New Principal Place of Business:

2337 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324

Current Mailing Address:

PO BOX 293156
DAVIE, FL 33329 US

New Mailing Address:

2337 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324 US

FEI Number: 65-1038239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ, FRANK C
5400 S UNIVERSITY DR #405
FORT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

HERNANDEZ, FRANK C
2337 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33324 US

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: FRANK C. HERNANDEZ 09/23/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, FRANK C
Address: 5400 SOUTH UNIVERSITY DRIVE SUITE 405
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERNANDEZ, FRANK C
Address: 2337 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

Title: VP ( ) Change (X) Addition
Name: HERNANDEZ, AMADA E
Address: 2337 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C. HERNANDEZ PD 09/23/2005
Electronic Signature of Signing Officer or Director Date