FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085299

1. Entity Name

Internet Medical Solutions, Inc.

90120979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
999 Yamato Road	Same as #2
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Boca Raton	City & State
Zip: FL — Country: USA	Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039678 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sharma, Kautilya

Street Address (P.O. Box Number is Not Acceptable): 999 Yamato Road, Suite 100

City: Boca Raton **FL** Zip Code: 33431

8. The above n… …e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatio…

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Sharma, Sheenoo 999 Yamato Road, Suite 100 Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheeno Sharma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #