2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90314 020 ***150.00 DOCUMENT # P01000067969 INTERVENTIONAL MEDICAL ASSOCIATES, P.A. **ZUU39281** Principal Place of Business Mailing Address 7550 W UNIVERSITY AVE. 7550 W UNIVERSITY AVE. STE. A STE. A GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 No Chg-P CR2E034 (10/03) 04132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0858073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, HARRY A DO NOT WRITE 11 A MAX BREWER PKWY TITUSVILLE, FL 32796 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE VALENTINE, ROBERT M.D. STREET ADDRESS 7550 W UNIVERSITY AVE., STE. A CITY-ST-ZIP GAINESVILLE, FL 32607 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST-7IP-TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 provise employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 352-331-3357 4-15-2005 SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 20, 2005 8:00 am Secretary of State

Daysime Phone #