

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072335

FILED
Apr 12, 2006
Secretary of State

Entity Name: INTEGRATED MEDICAL CENTRE OF BONITA SPRINGS, INC.

Current Principal Place of Business:

28315 S. TAMiami TRAIL, SUITE 101
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28315 S. TAMiami TRAIL, SUITE 101
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1123035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENDRON, GARY L D.C.
28315 S. TAMiami TRAIL, SUITE 101
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: GENDRON, GARY L D.C.
Address: 28315 S. TAMiami TRAIL, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY GENDRON

DR.

04/12/2006

Electronic Signature of Signing Officer or Director

Date