

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106799

FILED
Apr 10, 2006
Secretary of State

Entity Name: INDEPENDENT MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

800 N. STATE ROAD 434
SUITE 3
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 915125
LONGWOOD, FL 32791

New Principal Place of Business:

800 N. STATE ROAD 434
SUITE 2
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

P.O. BOX 915125
LONGWOOD, FL 32791 US

FEI Number: 59-3758779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, MARIA C
800 N. STATE ROAD 434
SUITE 3
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HERRERA, MARIA C
800 N. STATE ROAD 434
SUITE 2
ALTAMONTE SPRINGS, FL 32714 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:

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEWART, MICHELLE
Address: 344 HAVERLAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: HERRERA, MARIA C
Address: 2733 WEKIVA MEADOWS CT.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHELLE STEWART

D

04/10/2006

Electronic Signature of Signing Officer or Director

Date