

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000004621**

1. Entity Name  
INTEGRATED MEDICAL SERVICES, CORP



Principal Place of Business  
10031 PINES BLVD SUITE  
SUITE-103  
PEMBROKE PINES, FL 33024

Mailing Address  
10031 PINES BLVD SUITE  
SUITE -103  
PEMBROKE PINES, FL 33024



06122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
44-5104793

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAVIS, SHARON G  
1040 NW 187 AVENUE  
PEMBROKE PINE, FL 33029

**DO NOT WRITE  
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)

DATE

00000567387  
06/19/06-80000000.00  
6-12-06

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIS, SHARON G
STREET ADDRESS	1040 NW 187 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	V
NAME	DAVIS, AYJAH A
STREET ADDRESS	1040 NW 187 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	V
NAME	DAVIS, JAYJAH L
STREET ADDRESS	1040 NW 187 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with an office, or with an email address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-06

Date

Daytime Phone #