

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004621

FILED
Mar 19, 2008
Secretary of State

Entity Name: INTEGRATED MEDICAL SERVICES, CORP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 44-5104793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SHARON G
1040 NW 187 AVENUE
PEMBROKE PINE, FL 33029 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: P () Delete
Name: DAVIS, SHARON G
Address: 1040 NW 187 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, SHARON G
Address: PO BOX 870115
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: S () Change (X) Addition
Name: DAVIS, LEONARD
Address: 1040 NW 187 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: SHARON DAVIS

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date