

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 030 ***150.00

0027262 AN

DOCUMENT # P02000004621

1. Entity Name

INTEGRATED MEDICAL SERVICES, CORP



Principal Place of Business

**10081 PINES BLVD SUITE
SUITE C-1
PEMBROKE PINES FL 33024**

Mailing Address

**10081 PINES BLVD SUITE
SUITE C-1
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

DAVIS, SHARON G

1040 NW 187 AVENUE

PEMBROKE PINE FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, SHARON G**
STREET ADDRESS **1040 NW 187 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DAVIS, LEONARD M**
STREET ADDRESS **1040 NW 187 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DAVIS, AYJAH A**
STREET ADDRESS **1040 NW 187 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

Date

(954) 430-2676

Daytime Phone #

CR2E034 (4/03)

**Integrated
Medical Services, Corp**

Attachment
90148721
PO2000004621
10081 Pines Blvd Suite C-1
Pembroke Pines, Florida 33024
(954) 430-2676

July 31, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed is payment for Uniform Business Report Filing. I am requesting that the late fees be waived. We did not receive the first notification of this being due. Nor did we receive the second notification directly. It was delivered to us by another company in the same complex with a very similar name by which received it by the Postal Service. They hand delivered it to us just several days ago. However I was told back in May that I file online. However that information was incorrect therefore I have a refund owed to my organization, I, inadvertently filed a new company. In addition to the delinquent filing, we we then told that aa report had been filed already, After further investigation, it was found that our company name was had a typo and filed under the wrong name, and that the name of our business is used by another company in Orlando. I have spoken to several representatives in organization, which they advised me to request reinstatement .a waiver for such fees. and amend the same of our company.

Sincerely,

Sharon Davis
President