


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000076059 1. Entity Name IMMEDIATE MEDICAL CARE SERVICES, INCORPORATED	
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Principal Place of Business 12010 NW 15 STREET PEMBROKE PINES, FL 33026	Mailing Address 12010 NW 15 STREET PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0711606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAINE, JEFFRY C
 8230 NW 51 STREET
 LAUDERHILL, FL 33351**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TECOSKY, AMY Y 12010 NW 15 STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FAINE, JEFFRY C 8230 NW 51 STREET LAUDERHILL, FL 33351
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 04/26/05-80018-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/22/05** **9548957911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #