

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129520

FILED
Mar 15, 2005
Secretary of State

Entity Name: INDUSTRIAL MEDICINE PROFESSIONALS, INC.

Current Principal Place of Business:

1969 S. ALAFAYA TRAIL #344
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

1969 S. ALAFAYA TRAIL #344
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 51-0442324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVITZ, KYLE ARNP
818 HAVENWOOD DRIVE
ORLANDO, FL 32828 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: PT () Delete
Name: SAVITZ, KYLE ARNP
Address: 818 HAVENWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VS () Delete
Name: GARCIA, GLORIA MD
Address: 2021 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34996

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 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 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: KYLE SAVITZ, ARNP

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date