FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90125 034 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129520

1. Entity Name

Industrial Medicine Professionals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1969 S. Alafaya trail	1969 S. Alafaya trail
Suite, Apt. #, etc. # 344	Suite, Apt. #, etc. # 344
City & State Orlando, FL	City & State Orlando, FL
Zip 32828 Country US	Zip 32828 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0442324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kyle Savitz, ARNP

Street Address (P.O. Box Number is Not Acceptable): 818 Havenwood Drive

City: Orlando **FL** Zip Code: 32828

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Kyle Savitz, A.R.N.P.
STREET ADDRESS	818 Haven wood Drive
CITY-ST-ZIP	Orlando, FL 32828
TITLE	VP
NAME	Kathie Smith, A.R.N.P.
STREET ADDRESS	2476 Mills Creek Rd
CITY-ST-ZIP	Chuluota, FL 32766
TITLE	S/T
NAME	GLORIA GARCIA, MD
STREET ADDRESS	2021 SE Riverside Drive
CITY-ST-ZIP	Stuart, FL 34996
TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Garcia Gloria Garcia 4-17-03 7724862854

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