2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000057920

Entity Name: INDEPENDENT MEDICAL CONSULTING AND ASSESSMENT, INC.

Current Principal Place of Business:

2748 S. FALKENBURG RD.
RIVERVIEW, FL 33569

New Principal Place of Business:

8111 STIRLING FALLS CIRCLE
SARASOTA, FL 34243

Current Mailing Address:

2748 S. FALKENBURG RD.
RIVERVIEW, FL 33569

New Mailing Address:

8111 STIRLING FALLS CIRCLE
SARASOTA, FL 34243

FEI Number: 84-1643789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERTS, FRED L JR.
1 DAVIS BLVD., STE. 102
TAMPA, FL 336063422 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:	EICHBERG, RODOLFO D	
Address:	2914 NORTH BLVD.	
City-St-Zip:	TAMPA, FL 33602	
Title:	ST	( ) Delete
Name:	SCHIELDS, KENNETH E	
Address:	8111 STIRLING FALLS CIRCLE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	ALBERTS, FRED L JR.	
Address:	1 DAVIS BLVD., STE. 102	
City-St-Zip:	TAMPA, FL 336063422	
Title:	D	(X) Delete
Name:	OXLEY, THOMAS E	
Address:	2748 S. FALKENBURG RD.	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	(X) Delete
Name:	PAGE, WILLIAM O	
Address:	5307 LAUREL POINTE DR.	
City-St-Zip:	VALRICO, FL 33594	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KENNETH E. SCHIELDS ST 04/30/2005

Electronic Signature of Signing Officer or Director — Date