

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154591

FILED
Aug 30, 2005
Secretary of State

Entity Name: CENTER IMT, JACKSONVILLE FL, P.A.

Current Principal Place of Business:

3101 UNIVERSITY BLVD., STE. 105
JACKSONVILLE, FL 32216

New Principal Place of Business:

3101 UNIVERSITY BLVD.
STE. 106
JACKSONVILLE, FL 32216

Current Mailing Address:

3101 UNIVERSITY BLVD., STE. 105
JACKSONVILLE, FL 32216

New Mailing Address:

800 COTTAGE GROVE ROAD
SUITE 211
BLOOMFIELD, CT 06002

FEI Number: 94-3384689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WEISELFISH, AYELET G PT
Address: 800 COTTAGE GROVE ROAD SUITE 211
City-St-Zip: BLOOMFIELD, CT 06002 US

Title: SECR () Change (X) Addition
Name: HAMANN, LORI PT
Address: 2435 GLADE SPRINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 322467155 US

Title: TRES () Change (X) Addition
Name: LEGER, SUSAN PT
Address: 500 WEST LANIER AVENUE SUITE 303
City-St-Zip: FAYETTEVILLE, GA 30214 US

Title: CFO () Change (X) Addition
Name: SCHOOLEY, MARK E
Address: 800 COTTAGE GROVE ROAD SUITE 211
City-St-Zip: BLOOMFIELD, CT 06002

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: AYELET WEISELFISH

PRES

08/30/2005

Electronic Signature of Signing Officer or Director

Date