


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000159435	
1. Entity Name IMA EVALUATIONS, INC.	

Principal Place of Business 280 DOBBS FERRY ROAD SUITE # 304 WHITE PLAINS, NY 10607 US	Mailing Address 280 DOBBS FERRY ROAD SUITE # 304 WHITE PLAINS, NY 10607 US
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1919610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORM-A-CORP INC  
 100 VILLAGE SQUARE CROSSING  
 SUITE 103  
 PALM BEACH GARDENS, FL 33410

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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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PULVER, DAVID C M.D. 280 DOBBS FERRY ROAD WHITE PLAINS, NY 10607
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U00000768300  
07/12/07-80002-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DAVID PULVER MD, PRES  7/5/07 914-323-0307  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #