

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072413

FILED
Apr 28, 2006
Secretary of State

Entity Name: IMMEDIATE CARE OPTION NETWORK, INC.

Current Principal Place of Business:

8858 S. U.S. HWY ONE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

8864 S. U.S. HWY ONE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

8858 S. U.S. HWY ONE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

8864 S. U.S. HWY ONE
PORT SAINT LUCIE, FL 34952

FEI Number: 14-1930121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARAKOS, PAULA C
6445 NW HOPE CT.
PORT SAINT LUCIE, FL 34986 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: BARAKOS, HARALAMBOS A
Address: 6445 NW HOPE CT.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: BLEACHER, JASON C
Address: 335 HEDGEWICK LN.
City-St-Zip: WRIGHTSVILLE, PA 17368

Title: S/T () Delete
Name: RILEY, DEREK L
Address: 505 STERLING DR.
City-St-Zip: RED LION, PA 17356

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAULA BARAKOS

N/A

04/28/2006

Electronic Signature of Signing Officer or Director

Date