

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90138 001 ***450.00

DOCUMENT # P06000101682

1. Entity Name
INTERNATIONAL FORENSIC MEDICINE ASSOCIATION,
INC.



Principal Place of Business
P. O. BOX 330298
ATLANTIC BCH, FL 32233-0298

Mailing Address
P. O. BOX 330298
ATLANTIC BCH, FL 32233-0298

66005968



2. Principal Place of Business - No P.O. Box #
50 SW 1st Avenue

3. Mailing Address
3101 SW 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#905-106

01292007 Chg-P CR2E034 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
20-4117273

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

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

6. Name and Address of Current Registered Agent

DAVIS, LORRY S
205 WALNUT ST. UPPER
NEPTUNE BCH, FL 32266

7. Name and Address of New Registered Agent

Name **Chester J. Trow, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
21 North Magnolia Avenue
Second Floor
City **Ocala** **FL** Zip Code **34475**

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 **Thomas J. Dobbins** **3/19/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SIMS, DOROTHY C**
STREET ADDRESS **P. O. BOX 268**
CITY-ST-ZIP **MCINTOSH, FL 32664**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **Dorothy C. Sims**

3/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #