

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101682

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL FORENSIC MEDICINE ASSOCIATION, INC.

**Current Principal Place of Business:**

118 SW FORT KING ST  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3188  
OCALA, FL 34478 US

**New Mailing Address:**

P.O. BOX 2553  
OCALA, FL 34478 US

**FEI Number:** 20-4117273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROW & DOBBINS P.A.  
1301 NE 14TH ST  
OCALA, FL 34470 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SIMS, DOROTHY C  
Address: P. O. BOX 2553  
City-St-Zip: Ocala, FL 34478

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY C SIMS

PD

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date