2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P06000140931

Entity Name: IMS HEALTH MANAGEMENT INC.

Current Principal Place of Business:

879 NW 110TH TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

879 NW 110TH TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-5850023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMOTHE, FERNAND
879 NW 110TH TERRACE
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOCCIA, LOUIS F
Address: 1 JANE STREET
City-St-Zip: NEW YORK, NY 10014

Title: D ( ) Delete
Name: DAL PEZZO, LORELLA
Address: 18620 SW 94TH COURT
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: LAMOTHE, FERNAND
Address: 879 NW 110TH TERRACE
City-St-Zip: PLANTATION, FL 33324

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 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: LOUIS MOCCIA P 05/01/2007

Electronic Signature of Signing Officer or Director Date