

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90074 005 ***150.00

DOCUMENT # P38937

1. Entity Name

IMS-NET OF CENTRAL FLORIDA, INC.



Principal Place of Business

1175 PEACHTREE STREET
100 COLONY SQUARE STE 2400
ATLANTA GA 30361
US

Mailing Address

669 RIVER DRIVE
CENTER TRIO
ELMWOOD PARK NJ 07407
US

2. Principal Place of Business

26 Century Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 601

City & State
Nashville, TN

City & State

Zip
37214

Country
USA

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

84-1199836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete
NAME APKER, THOMAS P
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE VD ☐ Delete
NAME SOLANO, RICK D
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE TD ☐ Delete
NAME LAYMAN, KIRK G
STREET ADDRESS 669 RIVER DRIVE CENTER 2
CITY-ST-ZIP ELMWOOD PARK NJ 07407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Tony Holcombe
STREET ADDRESS 26 Century Blvd.
CITY-ST-ZIP Nashville, TN 37214

TITLE VP ☐ Change ☒ Addition
NAME RoseAnn Stampe
STREET ADDRESS 669 River Drive, Center 2
CITY-ST-ZIP Elmwood Park, NJ 07407

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2004

Date

(201) 703-3400

Daytime Phone #