2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: POSEAND STAMPE

SIGNATURE AND TYPED OR PRINTED NAME OF S

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P38937 04-17-2006 90334 029 ***150.00 IMS-NET OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 26 CENTURY BLVD., STE 601 669 RIVER DRIVE CENTER 2 NASHVILLE, TN 37214 US C/O LEGAL DEPT ELMWOOD PARK, NJ 07407 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 84-1199836 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD D, V, CC TITLE ☐ Delete TITLE NAME SOLANO, RICK D MAME ZICK SOLANO STREET ADDRESS 669 RIVER DRIVE CENTER 2 STREET ADDRESS 26 CENTURY BLVD, STE WOI CITY-ST-ZIP ELMWOOD PARK, NJ 07407 CITY-ST-ZIP NASHVILLE, TH 37214 TD Delete Addition TITLE TITLE ☐ Change LAYMAN, KIRK G NAME NAME STREET ADDRESS 669 RIVER DRIVE CENTER 2 STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ELMWOOD PARK, NJ 07407 M Delete INTERIM PRES. ☐ Change X Addition TITLE TITLE HOLCOMBE, TONY KEYIN CAMERON NAME NAME WER RIVER DRIVE, CTR. J 26 CENTURY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37214 CITY-ST-7IP ELMNICOD PARK, NJ 07407 Delete TITLE Change ☐ Addition STAMPE, ROSEANN NAME NAME 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS CITY - ST - 73P CITY-ST-ZIP ELMWOOD PARK, NJ 07407 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE Delete , TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NING OFFICER OR DIREC

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