
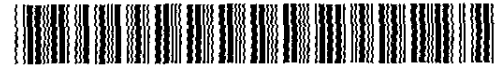


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000007140 1. Entity Name IMS CLAIM SERVICES, INC.	
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Principal Place of Business 1101 SIXTH AVE., W 120 BRADENTON, FL 34205 US	Mailing Address 1101 SIXTH AVE., W. 120 BRADENTON, FL 34205 US
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05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0372239	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, III C BLALOCK, LANDERS, WALTERS & VOGLER, P. A. 802 11TH ST W BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP IERULLI, STEPHEN M 1101 6TH AVE., W., SUITE 120 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROSIER, ELAINE 1101 6TH AVE., W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARBOUR, CHRISTINA C 1101 6TH AVE., W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000366326
05/12/05-80008-016 150.00

~~500054240065~~
~~05/12/05-01087-016 **150.00~~

**DO NOT WRITE
IN THIS SPACE**

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:

Elaine Rosier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/05 (941) 728-3839