

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000017048

1. Entity Name
VIDEO INDEPENDENT MEDICAL EXAMINATION INC.



Principal Place of Business

Mailing Address

***1875 NORTH CORPORATE LAKES BOULEVARD
WESTON, FL 33326**

**1875 NORTH CORPORATE LAKES BOULEVARD
WESTON, FL 33326**



05082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0627972

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRANCAVILLA, JOHN
2325 DESOTO DRIVE
FORT LAUDERDALE, FL 33301**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
FRANCAVILLA, JOHN J
2325 DE SOTO DRIVE
FORT LAUDERDALE, FL 33301**

TITLE
NAME
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CITY - ST - ZIP

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U000000160028
05/12/04-80007-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #