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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000019654 (0)

1. Corporation Name

IMA PROPERTIES, INC.

Principal Place of Business

Mailing Address

2005 N.W. 135TH TERRACE  
GAINESVILLE FL 32606

2005 N.W. 135TH TERRACE  
GAINESVILLE FL 32606-5380

2. Principal Place of Business

21 6604 NW 9th BLVD

Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

24 Zip 32605

25 Country

26 6604 NW 9th BLVD

Suite, Apt. #, etc.

27 City & State

28 Gainesville FL

29 Zip 32605

30 Country

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

03/04/1996

4. FEI Number

59-3227042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HARTKE, RALPH H JR., MD  
2005 N.W. 135TH TERRACE  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

DUNCANSON, DANIEL M., M.D.

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

6604 NW 9th BLVD.

83

84 City

Gainesville

FL

85 Zip Code

32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/26/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HARTKE, RALPH H JR., MD  
STREET ADDRESS 2005 N.W. 135TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE

NAME DUNCANSON, DANIEL M M.D.  
STREET ADDRESS 7702 S.W. 22ND AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

4/26/97

CR2E034 (9/96)