FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020978 (0)**

1. Corporation Name
IMS-ORLANDO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3885 OAKWATER CIRCLE ORLANDO FL 32806	3885 OAKWATER CIRCLE ORLANDO FL 32806

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3239504	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

STONEROCK, R F JR
3885 OAKWATER CIRCLE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, LIONEL C MD	1.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, ROBERT T MD	2.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAOS, ANTONIO MD	3.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COTTRELL, C R MD	4.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FEUER, KENNETH R MD	5.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLCOMB, ALLEN K MD	6.2 NAME	
STREET ADDRESS	3885 OAKWATER CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: R F Stonerock MD — 4.12.95 — (407) 851-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087430 CP