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FILED  
Apr 22 1996 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000020978 (0)

1. Corporation Name

IMS-ORLANDO, INC.



Principal Place of Business

Mailing Address

3885 OAKWATER CIRCLE  
ORLANDO FL 32806

3885 OAKWATER CIRCLE  
ORLANDO FL 32806

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STONEROCK, R F JR  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

59-3239504

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

10. Name and Address of New Registered Agent

81

Name

Shamus M. Holt

82

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

3885 Oakwater Circle

83

84

City

Orlando

FL

85 Zip Code

32806

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

*Shamus M. Holt*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ABBOTT, LIONEL C MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME BAKER, ROBERT T MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME CAOS, ANTONIO MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME COTTRELL, C R MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME FEUER, KENNETH R MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE  
NAME HOLCOMB, ALLEN K MD  
STREET ADDRESS 3885 OAKWATER CIRCLE  
CITY-ST-ZIP ORLANDO FL 32806

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition  
2.1 NAME  
2.2 STREET ADDRESS  
2.3 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition  
3.1 NAME  
3.2 STREET ADDRESS  
3.3 CITY-ST-ZIP

4. TITLE ☒ Change ☐ Addition  
4.1 NAME COTTRELL, C. RAYMOND MD  
4.2 STREET ADDRESS 3885 Oakwater Cr.  
4.3 CITY-ST-ZIP Orlando, FL

5. TITLE ☐ Change ☐ Addition  
5.1 NAME  
5.2 STREET ADDRESS  
5.3 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
6.1 NAME  
6.2 STREET ADDRESS  
6.3 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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

407-438-9505

Date Daytime Phone #

CR2E034 (12/95)