

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 JUL -5 AM 0:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040289 (8)

1. Corporation Name
INTERNATIONAL MEDICAL SERVICES NETWORK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2944 NW 24TH WAY 2944 NW 24TH WAY
BOCA RATON FL 33431 BOCA RATON FL 33431**

3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report
4. Fed. Number 65-0493720	Applied For <input type="checkbox"/> Not Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for information fees under § 119.03(5) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Telephone	30. Telephone

9. Name and Address of Current Registered Agent
**CARTER, DAVID A
2944 NW 24TH WAY
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.06(2) and 607.17(4), Florida Statutes, this 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 hereby waiving and accepting the obligations of Section 607.17(4), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

NAME	D GEORGE, ALAN 2944 NW 24TH WAY BOCA RATON FL 33431
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information reported with this filing is voluntarily furnished and that it is true and correct for the purposes stated in Section 119.03(5), Florida Statutes. I further certify that the information reported on this filing is true and correct for the purposes stated in Section 119.03(5), Florida Statutes. I further certify that the information reported on this filing is true and correct for the purposes stated in Section 119.03(5), Florida Statutes. I further certify that the information reported on this filing is true and correct for the purposes stated in Section 119.03(5), Florida Statutes. I further certify that the information reported on this filing is true and correct for the purposes stated in Section 119.03(5), Florida Statutes.

SIGNATURE: *[Signature]* 6/29/95 x 407993-0050