FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000068651 (6)

1. Corporation Name

INDEPENDENT MEDICAL OF AMERICA, INC.

Principal Place of Business	Mailing Address
451 MONUMENT ROAD SUITE 212 JACKSONVILLE FL 32225	451 MONUMENT ROAD SUITE 212 JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4241 BAYMEADOWS RD	26 4241 BAYMEADOWS Rd
Suite, Apt. # etc. 22 15	Suite, Apt. # etc. 27 15
City & State 23 JACKSONVILLE FL.	City & State 28 JACKSONVILLE FL.
Zip 24 32217 Country 25	Zip 29 32217 Country 30

4. FEI Number: 59-3267991 ☐ 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. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART D/B/A AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134	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 Section 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	ROGERS, JERRY R	NAME	ROGERS, JERRY R
STREET ADDRESS	451 MONUMENT ROAD, SUITE 212	STREET ADDRESS	4241 BAYMEADOWS Rd SUITE 15
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	JACKSONVILLE, FL. 32217
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, Florida Statutes. I further certify that the information indicated on the 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: Jerry R Rogers 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0408480 FP