Apr 21, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000094154

1. Corporation Name

INTERNATIONAL MANAGED CARE, INC.

3310 NE SSTH ST FT LAUDERDALE FL 33008  3. Date incorporated or Qualifed 12/30/1994  2. Principal Place of Business 2. A. Fill Number NOT APPLICABLE Not Applied For Post Addition Not Applied For Not Applicable Post Addition Not Applicable Not Applied For Not Applied For Not Applied For Not Applicable Not Applied For Not Appli									
### CHAIDERDALE FL 33308  ### CAUDERDALE FL 33308  #### CAUDERDALE FL 33308  ##### CAUDERDALE FL 33308  ##### CAUDERDALE FL 33308  ##### CAUDERDALE FL 33308  #################################	Principal Place of Business Mailing Address								
DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 12/30/1994  2. Principal Place of Business 2a. Mailing Address 4. FEL Number NOT APPLICABLE Not Applied For NOT APPLICABLE State, Apt. #, etc. 5. Certificate of Status Desired   S8.75 Additional Fee Required 22  City & State 23  City & State 25  City & State 26  City & State 27  Country 26  Age Country 27  Country 27  Age Country 28  Age Country 29  Country 30  Bank Address of Current Registered Agent  CHEROF, JAMES A 3310 NE 58TH ST FT LAUDERDALE FL 33308  81  Name  CHEROF, JAMES A 3310 NE 58TH ST FT LAUDERDALE FL 33308  83  84  City Street Address (P.O. Box Number is Not Acceptable)  Sixreet Address (P.O. Box Number is Not Acceptable)  SICNATURE  (In terminate with, and accept the obligations of, Section 507/1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such charge was subhosced by the corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I he									
3. Date Incorporated or Qualified 12/30/1994 2. Principal Place of Business	FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308						DO NOT WRITE IN THIS SPACE		
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22   27   27   27   27   28   28   28	21		26				NOT APPLICABLE		
City & State	Suite, Apt.		Suite, Apt. #, etc.			_	□ Certificate of Status Desired □ □	•	
City & State 23    City & State   City & Country   Zip   Country   Zip   Country   Zip   Country   State   City	22		27		·	_	5. Certificate of Curtas Boomed	Fee R	equired
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Yes   Zip   Zi	<del></del>	<del></del>	City & Sta	ate		-	6. Election Campaign Financing	\$5.00	May Be
Zip   Country   Zip   Country   Strict   Country	23	•	28				Trust Fund Contribution	Added	to Fees
24		Country	Zip		Country	,	A This corporation owes the current ye	ar Intangible	
9, Name and Address of Current Registered Agent  CHEROF, JAMES A 3310 NE 58TH ST FT LAUDERDALE FL 33308  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 agent, and footh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and facular with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyand or printed name of registered agent and the flapplicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DAVID, IRVING  3310 NE 58TH ST  TITLE  DAVID, IRVING  3310 NE 58TH ST  TITLE  DELETE  1.1 TITLE  DAVID DELETE  1.1 TITLE  DAVID STREET ADDRESS  STREET ADDRESS  TOTY-ST-ZP  TITLE  DELETE  2.2 MAVE  STREET ADDRESS  GITY-ST-ZP  TITLE  DELETE  3.3 TITLE  3.3 TITLE  Change  Addition  Change  Addition  Change  Addition  Addition  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  ANAE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.3 TITLE  3.3 TITLE  3.3 TITLE  3.3 TITLE  3.4 ACITY-ST-ZP  TITLE  DELETE  3.4 ACITY-ST-ZP  TITLE  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Change  Change  Change  Change  Change  Change  Change		25	29	30	]		1 =- ·		₽No
CHEROF, JAMES A 3310 NE 58TH ST FT LAUDERDALE FL 33308  84	24		11		<del>' T</del>		10. Name and Address of New Regist	ered Agent	
3310 NE 58TH ST FT LAUDERDALE FL 33308  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 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, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DAVID, IRVING  STREET ADORESS  CITY-ST-ZP  FT LAUDERDALE FL 33308  DELETE  1.1 TITLE  DELETE  1.2 YAME  1.2 YAME  1.3 STREET ADORESS  CITY-ST-ZP  TITLE  DELETE  1.3 TITLE  1.4 CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  3.2 NAME  STREET ADORESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  3.3 STREET ADORESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  3.2 NAME  3.3 STREET ADORESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  Change  Addition  A		3. Hame and Address of Control			81	Name			
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   UATE	SIGNATURE								
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NAME	12.	OFFICERS AN					ADDITIONS/CHANGES TO OFFICE		
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TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Addition           NAME         3.1 TITLE         Change         Addition           NAME         3.2 NAME         STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition	CITY ST ZID				1.4 CITY-S	T-ZIP			
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I NAME ( ■ 9, ∠ NAMC )	NAME				4. 2 NAME	l			

14. I hereby certify that the information supplied with this filing does not quality 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 adactment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CONTRACT CONTRACT

CITY-ST-ZIP 7 1 3 1 1 4 1 1 1 1

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

KEQUIRED

DELETE

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Addition

☐ Addition

☐ Change