

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000032019 (8)**

1. Corporation Name

**INTEGRATIVE MEDICINE EDUCATIONAL SERVICES, INCORPORATED**



Principal Place of Business

5991 CHESTER AVE. 108  
JACKSONVILLE FL 32217

Mailing Address

5991 CHESTER AVE. 108  
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified  
**04/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1533-2 MARGARET ST**

26 **1533-2 MARGARET ST**

4. FEI Number  
**59-3815516**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

23 **JACKSONVILLE FL**

28 **JACKSONVILLE FL**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32204**

25 **USA**

29 **32204**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERWIN, WILLIAM R**  
**5991 CHESTER AVE, 108**  
**JACKSONVILLE FL 32217**

81 Name

**MARK W. JONES**

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

**1533-2 MARGARET ST**

83

84 City

**JACKSONVILLE**

FL

85 Zip Code

**32204**

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

*Mark W. Jones*

**V.P.**

**8/2/96**

Signature, typed or printed name of registered agent, and title, if applicable

Typed or Printed Name of Agent or Director (if required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**JONES, MARK W**  
**5991 CHESTER AVE, 108**  
**JACKSONVILLE FL 32217**

TITLE ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**V.P., D**  
**JONES, MARK W.**  
**1533-2 MARGARET ST**  
**JACKSONVILLE FL 32204**

2.1 TITLE ☐ Change ☒ Addition

**V.P., D**  
**ANN BOZZUTO**  
**1533-2 MARGARET ST.**  
**JACKSONVILLE FL 32204**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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)(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, or on an attached statement with an address.

SIGNATURE:

*Mark W. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/2/96 (904) 354-0410**

DATE

TELEPHONE NUMBER

CR2E034 (12/95)