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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000045766 (9)

1. Corporation Name:
INDUSTRIAL MEDICINE CENTER OF LAKE LAND, INC.



Principal Place of Business: 56 75 NEW TAMPA HWY. SUITE 1
LAKE LAND FL 33601
Mailing Address: 56 75 NEW TAMPA HWY. SUITE 1
LAKE LAND FL 33615-3129

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report: 04/03/1996
4. FEI Number: 65-0598102
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

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

OJEDA, ALDO E SO
4144 N. ARMENIA AVE., SUITE 350
TAMPA FL 33607

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: DEMMI, BOWARD L MD
STREET ADDRESS: 2729 BRIARPATCH DR.
CITY-ST-ZIP: VALRICO FL 33594
[] DELETE
TITLE: D
NAME: OJEDA, ANGEL MD
STREET ADDRESS: 11660 HIDDEN HOLLOW CIRCLE
CITY-ST-ZIP: TAMPA FL 33635
[] DELETE
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: [] Change [] Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: [] Change [] Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: [] Change [] Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: [] Change [] Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: [] Change [] Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: [] Change [] Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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 attachment with an address.

SIGNATURE:

Angel Ojeda / ANGEL OJEDA

1-24-97 941-683-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)