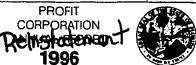
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986 AMOUNT DUE ON OR BEFORE 8/7/85: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$175.)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

96 NOV -6 AM 10: 08

DOCUMENT #
1. Corporation Name P95000067724 (1)

"INTERNATIONAL MEDICAL ALLIANCE, INC."

rincipal Place	e of Business	Mailing Address	• • •			
2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134 2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134					SUL	
				CD118		
OWAL GABL	ES PL 33134	CORAL GABLES PL 331	34		3. Date incorporated or Qualified 3 09/01/1995	e. Date of Last Report
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
2600 Douglas Road 26 2600 Dougla			as Roa	<u>:d</u>		Not Applicable
Suite, Apt. Suite	<u></u>	Suite, Apt. #, etc. 27 Suite 710	─		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Coral	Gables, Florida	City & State 28 Coral Gabl			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	<u>.</u>	8. This corporation has liability for inter	
<u>33134</u>	25 USA	29 33134	30 US	A	Florida Statutes X Y	s No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regist	ered Agent
PA	IGE. ROBERT E		6	1 Name		
	ITE 309-A		<u>ت</u> ا	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
2151 LE JEUNE ROAD				1 2.000.7	Additional (1.0. Dox (10)) (15 (40) Addaptions)	
CORAL GABLES FL 33134			Ţē	3		
00	WHE CHEES I'E 33134		ļ.	4 02		[["#-0
			ľ	4 City		FL 85 Zip Code
GNATURE		COTS (ME F F I) IDENT and trie if applicable. (NO) IND DIRECTORS	E: Registered /	gent signature n	equired when reliability) ADDITIONS/CHANGES TO OFFICERS	MIE
LE	б	DELETE	1,1 (1)		President/Director	Change Addition
ue l	JASLOW, LANE A	_	12 NAM		T CO TCC TO DITTE CO CO T	
REET ADDRESS				-	2600 Douglas Road, Suite 710	
ITY-ST-ZIP CORAL GABLES FL 33134		VOV N	1.4 CITY-ST-ZIP		2600 Douglas Road, Suite Coral Gables, FL 33134	710
E.	DELETE		21 TITL			Change Addition
ME			2.2 NAM			
EET ADDRESS			F	ET ADDRESS		
Y-ST-ZIP				-ST-ZIP		
.E		DELETE	3.1 7171		Common	Charge Addition
AE		_		5000020021951# -11/13/96-01030-007		
EET ADDRESS	DRESS			ET ADDRESS	711/13/3 ####97F	.UU
Y-ST-ZIP				·ST-ZIP	さ) と中中中の	.00 ****375.00
£		DELETE	4.1 TITL			Change Addition
VE.			4.2 NU			
EET ADDRESS				ET ADDRESS		# / . s ()
r-St-ZIP						O Care
E E		DELETE	5.1 TITL	-ST-ZiP		Change Addition
ME		- vecele	5.1 HIL			CT Average CT vegition
				-	•	
EET ADDRESS				ET ADDRESS		
Y-ST-ZIP		DEFETE	_	-ST-ZIP		Change & Treatme
E .		☐ DELETE	6.1 TITL	1		Change Addition
ME			62 NA	. 1		,
REET ADDRESS			E 2 2 CTD	ET ADDRESS		

6.4 CITY-ST-ZIP

14. I do homby cortify 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 logal 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

CITY-ST-ZIP

A. Jaslow