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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068336 (3)

INTEGRATED MEDICAL AFFILIATES, INC.

	a of Business	Mailing Address			T TOOLING THE TOOLING TOOLING WINDS			
1177 PARK AVE.	,	1177 PARK AVE.			·			
SUITE 5	5	SUITE 5	4170					
ORANGE PARK	FL 320/3	ORANGE PARK FL 32073-	4150		3. Date Incorporated or Qualified	3a. Date o	f Last Re	eporl
					09/05/1995	12/09/1		Орог
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	115/00/1		plied For
21		26			NOT APPLICABLE	*		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\$	8.75	Additional
22		27			5. Certificate of Status Desired		Fee Re	equired
City & State	е	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Ζιρ	Country	Zip	Count	гу	8. This corporation has liability for i	ntangible tax	under s.	199.032,
24	25	29	30			Yes N		
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	glatered Agei	nt	
WШ	IAMS, GARRISON L		16	1 Name				
	WILD IRIS LN.		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	NGE PARK FL 32073		١	0,,00,,,00	seed (.e. box removing no records			
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			-	4 6		1	-1-5:-7	O a al a
			18	4 City		FL 8	5 Zip (Code
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was	s authorized	by the coroors	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of cha	anging it ment as	s registere registered
agent La	im familiar with and accept the obl	igations of Section 607.0505, I	Florida Statut	es.	ation's boging or sirestors. Thoroby decop	t the appoint	mont as	rogistorea
SIGNATURE								
	Signature, typed or photod name of registered a		OTE: Registered A	gent signature requ	uired when reinstating)	DATE		
12.	F	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
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SIGNATURE: CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE LA WILLIAMS) 4/15/97 019