

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # P95000091667 (2)

1. Corporation Name

IMBS, INC.



Principal Place of Business

1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address

1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

81 Name

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

83

Suite 250

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 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

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

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	CREED, JERE D M.D.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY- ST- ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY- ST- ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY- ST- ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Bettinger, Jeffrey	
1.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
1.4 CITY- ST- ZIP	Plantation, Florida 33324	
2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	S/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	V/T	☐ Change ☒ Addition
4.2 NAME	Blanford, Mary Ann	
4.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
4.4 CITY- ST- ZIP	Plantation, FL 33324	
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	Peck, David C.	
5.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
5.4 CITY- ST- ZIP	Plantation, FL 33324	
6.1 TITLE	ASST. Secretary	☐ Change ☒ Addition
6.2 NAME	Warlen, Neesa	
6.3 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
6.4 CITY- ST- ZIP	Plantation, FL 33324	

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 attachment with an address.

SIGNATURE:

Mary Ann Blanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/94

(954) 475-1300

Date

Day, in Phone #

CR2E034 (12/95)