## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

**PLANTATION FL** 

C/TY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

(954) 475-1300

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000091667 (2)

IMBS, INC.

Principal Place	of Business	Mailing Address				n inneilung ism seier mitte mutte untel untel unter binde blute dette uber eine		
1200 S. PINE IS	SLAND ROAD	1200 S. PINE ISLAND F	CAO					
SUITE 600		SUITE 800						
PLANTATION FL 33324		PLANTATION FL 33324-4460				3. Date Incorporated or Qualified 11/30/1995 3a. Date of Last Report 04/05/1996		
2. Principal Pi	lace of Business	2a. Mailing Address		•		4. FEI Number Applied For		
21		26				65-0622847 Not Applicable		
Suite, Apt. #, etc.		Suite Apt. #, etc.				5. Certificate of Status Desired XX \$8.75 Additional		
22		27				5. Certificate of Status Desired XX Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes X Yes No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent		
CT	CORPORATION SYSTEM			61	Name	9		
1200 S. PINE ISLAND ROAD SUITE 250				B2	Street	et Address (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33324			В3				
				84	City	85 Zip Code		
				**	City	FL 85 Zip Code		
11. Pursuant for fice or ficagent. Lac	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607,1508, Florida Sta ite of Florida Such change wa igations of, Section 607,0505,	itutes, the a as authorize Florida Sta	bove d by tutes	the cor	d corporation submits this statement for the purpose of changing its registered or or poration's board of directors. It hereby accept the appointment as registered		
SIGNATIONE.	Signature, typed or printed name of registered	agent and title if applicable. (f	NOTE: Registere	d Age	ni signatur	ure required when reinstating) OATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIFLE	V	☐ DELETE	1.1 7	TLE		PD K Change Addition		
NAME	BETTINGER, JEFFREY	2012 070 000	1.2 N	AME		•		
STREET ADDRESS	1200 SOUTH PINE ISLAND I	ROAD STE 600	1.3 S	TREET	ADDRESS	<b>;</b>		
CITY-ST-ZIP	PLANTATION FL		1.4 0	ITY - S	T-ZIP			
TITLE	PD	X DELETE	2.1 1	TLE		VD Change K Addition		
NAME	FINDEISS, J. CLIFFORD M.D.		2.2 N	AME		Weiner, Michael		
STREET ADORESS	1200 S. PINE ISLAND RD., S	SUITE 600	2.3 \$	TREET	ADDRESS	1200 S. Pine Island Road, Suite 600		
CITY-ST-ZIP	PLANTATION FL		2 4 0	ITY-S	ST-ZIP	Plantation, FL		
TITLE	SD	X DELETE	3.1 T	TLE		Change Addition		
NAME	MCCLEARY, GEORGE W JR		3.2 N	AME		•		
STREET ADDRESS	1200 S. PINE ISLAND RD., S	SUITE 600	3.3 \$	TREET	ADDRESS	3		
CITY-ST-7IP	PLANTATION FL		3.4. 0	HTY-S	ST-ZIP			
TOTE	CT	X DELETE	4.1 T	ITLE		Change Addition		
NAME	BLANFORD, MARY ANN		4.21	IAME				
STREET ADDRESS	1200 S PINE ISLAND ROAD	SUITE 600	4.3 S	THEET	address	3		
CITY-ST-ZIP	PLANTATION FL				T - ZIP			
THLE	S	DELETE	5.1 T		<del>-</del>	ST K Change Addition		
NAME	PECK, DAVID C.		5.2 N	AME				
STREET ADDRESS	1200 PINE ISLAND ROAD S	UITE 600			ADDRESS	3		
CITY-ST-ZIP	PLANTATION FL				T-ZIP			
TITLE	AS	X DELETE	6.1 T		1-41F	☐ Change ☐ Addition		
į	WARLEN, NEESA	<b>M</b> 011111	6.2 N			county		
NAME	1200 S PINE ISLAND ROAD	SLITE 600			4DDDECC			

6.4 CITY+ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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