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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000104065 (3)

INTEGRATED HEALTH MANAGEMENT SERVICES COMPANY, I

FILED May 05 1997 8:00am Secretary of State



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483 ALANDALE COURT DRIANDO FL 32839	5483 ALANDALE COURT ORLANDO FL 32839-2835				
			3. Date Incorporated or Qualified 12/30/1996	3a. Date of Last	Report CRT
2. Principal Place of Business	2a, Mailing Address		4, FEI Number	<u> </u>	Applied For
11512 W. Colonial DR	· [26] 5483 Alanda	rle Ct.	69-3414163		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
· · · · · · · · · · · · · · · · · · ·	City & State				Required
City & State ORLANDO, FL		=L	Election Campaign Financing Trust Fund Contribution		O May Be
Zip Country	Zip	Country 30 Orange	8. This corporation has liability for in	ntangible tax under	r s. 199.032,
		30 Crange		Yes No	
9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent	
BIGLEY, MICHAEL R		Thaille	·		
5483 ALANDALE COURT		B2 Street Ad	B2 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32839		83			
		[7]			
		84 City		FL 85 Zi	p Code
11. Pursuant to the provisions of Sections 6	07 0502 and 607 1508 Florida Statut	as the shows named on	progration submits this statement for the n		ite registere
office or registered agent, or both, in the	e State of Florida, Such change was a	authorized by the corpor	rporation submits this statement for the praction's board of directors. I hereby accep	t the appointment	as registered
	e obligations of, Section 607.0505, Fig	onda Statutes.		1/11/07	
SIGNATURE Signature, typod or priviled name of regul	Michael R.	BIGLEY DC		2/11/97	
				DATE	
		E: Registered Agent signature red			ORS IN 12
12. OFFICE	RS AND DIRECTORS DELETE	13.	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC		
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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:

IONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

(1197 (407) 423-1768

Daytime Phone # 0008958