

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90001 036 ***550.00

DOCUMENT # **P97000002149**

1. Corporation Name

**INTEGRATED MEDICAL SERVICES OF THE FLORIDA KEYS,
INC.**

Principal Place of Business

C/O MOUNT SINAI MEDICAL CNTR OF GRTR. MIAM
201 SO BISCAYNE BLVD. STE 3000
MIAMI FL 33131

Mailing Address

C/O MOUNT SINAI MEDICAL CNTR OF GRTR. MIAM
201 SO BISCAYNE BLVD. STE 3000
MIAMI FL 33131

2. Principal Place of Business

21 1120 Key Plaza

Suite, Apt. #, etc.

22

City & State

23 Key West FL 33040

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 1120 Key Plaza

Suite, Apt. #, etc.

27

City & State

28 Key West FL 33040

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.
MIAMI CENTER
201 SO BISCAYNE BLVD. STE 3000
MIAMI FL 33131

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

65-0729200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Diane Tolbert Covan

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

1030 Truman Avenue

83

Suite 1

84 City

Key West

FL

85 Zip Code

33040

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08-24-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BOROS, BRUCE L MD
STREET ADDRESS 4302 ALTON ROAD STE 100
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ST ☒ DELETE

NAME CANTANA, ROBERT D
STREET ADDRESS 1120 KEY PLAZA
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)