

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90018 049 ***150.00

DOCUMENT # P97000009520					
1. Entity Name INDUSTRIAL MEDICAL MANAGEMENT, INC.					
Principal Place of Business 1880 DESOTO RD 600 W 301 Blvd SARASOTA, FL 34234 US Braden 34205			Mailing Address 1880 DESOTO RD 8466 W. Lockwood Ridge Rd Suite 319 SARASOTA, FL 34234 US 43		
2. Principal Place of Business - No P.O. Box # 600 W 301 Blvd W			3. Mailing Address 8466 W. Lockwood Ridge Rd Suite 319		
City & State Bradenton FL 34205			City & State Sarasota FL		
Zip 34205			Zip 34243		
Country USA			Country US		
4. FEI Number 65-0717658					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GARLAND, PADEL FORD & KAKLIS 1401 8TH AVE WEST BRADENTON, FL 34205					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOW, THOMAS M 3116 CRYSTAL LAKES CT. SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, JOHN A JR. 3116 CRYSTAL LAKES CT. SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NONELL, DAVID C 3116 CRYSTAL LAKES CT. SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X 31 11/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					