

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000009520

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** INDUSTRIAL MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

600 US 301 BLVD W  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**Current Mailing Address:**

8466 N LOCKWOOD RIDGE RD  
STE 319  
SARASOTA, FL 34243 US

**New Mailing Address:**

**FEI Number:** 65-0717658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARLAND, PADELFORD & KAKLIS  
1401 8TH AVE WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOW, THOMAS M  
Address: 3116 CRYSTAL LAKES CT.  
City-St-Zip: SARASOTA, FL 34235

Title: D  
Name: MILLARD, JOHN A JR.  
Address: 3116 CRYSTAL LAKES CT.  
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS GOW

D

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date