

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000083488

1. Entity Name
IMS MEDICAL SYSTEMS, INC.



Principal Place of Business
3610 N.W. 97TH BOULEVARD
GAINESVILLE, FL 32606

Mailing Address
3610 N.W. 97TH BOULEVARD
GAINESVILLE, FL 32606



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARVESU, ANTONIO F
3610 N.W. 97TH BOULEVARD
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000073957
03/02/04-80057-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARVESU, ANTONIO F
STREET ADDRESS	3610 N.W. 97TH BOULEVARD
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #