


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90072 015 \*\*\*150.00

**DOCUMENT # P97000083488**

1. Entity Name  
**IMS MEDICAL SYSTEMS, INC.**



Principal Place of Business  
**4817 NW 67TH ST  
 GAINESVILLE, FL 32653**

Mailing Address  
**4817 NW 67TH ST  
 GAINESVILLE, FL 32653**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**ARVESU, ANTONIO F**  
~~3610 N.W. 97TH BOULEVARD~~ **4817 NW 67th st**  
**GAINESVILLE, FL 32653**

**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  DATE **4-1-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

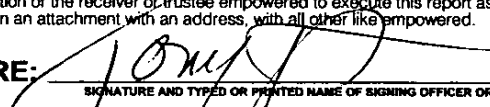
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARVESU, ANTONIO F 4817 NW 67TH ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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:  DATE **4-1-08** 352 219-1175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #