


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000010103 1. Entity Name IDEAL MEDICAL SOURCE, INC.	
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Principal Place of Business 2805 E OAKLAND PARK BLVD SUITE 352 FT. LAUDERDALE, FL 33306	Mailing Address 2805 E OAKLAND PARK BLVD SUITE 352 FT. LAUDERDALE, FL 33306
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**REYNOLDS, DOUGLAS H
4875 NORTH HIGHWAY
TENTH FLOOR
FT. LAUDERDALE, FL 33308**

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAYNES, RICHARD D 2801 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAYNES, DIANE 2801 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/02/04-00024-021 150.00

**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 #

4/27/04 954-563-7856