

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90038 031 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000033332

1. Corporation Name

INTEGRATED MEDICAL SOLUTIONS, INC.

Principal Place of Business

1825 CORAL WAY  
MIAMI FL 33145

Mailing Address

1825 CORAL WAY  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

2. Principal Place of Business

21 2511 Ponce De Leon Blvd.

22 Suite 600

23 Coral Gables, FL

24 33134 25 USA

2a. Mailing Address

26 2511 Ponce De Leon Blvd.

27 Suite 600

28 Coral Gables, FL

29 33134 30 USA

4. FEI Number

65-0826253

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LUKACS, ROBIN A  
1825 CORAL WAY  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

Rafael Perez

82 Street Address (P.O. Box Number is Not Acceptable)

2511 Ponce De Leon Blvd.

83

Suite 600

84 City

Coral Gables

FL

85

Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-5-98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUKACS, ROBIN  
1825 CORAL WAY  
MIAMI FL 33145

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President  
Rafael Perez  
2511 Ponce De Leon Blvd., Suite 600  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

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☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Robin Lukacs, Director

Date

Daytime Phone #

1-5-99 305-856-9600.

CR2E034 (11/98)