


FILE NOW. FILING FEE AFTER MAY 10 IS \$200.00.

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90077 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P98000045809																																																																																																																	
1. Corporation Name INSURANCE MEDICAL SERVICES, INC.																																																																																																																	
Principal Place of Business 2887 E. TAMiami TRAIL UNIT 3 NAPLES FL 34112			Mailing Address 2887 E. TAMiami TRAIL UNIT 3 NAPLES FL 34112																																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/20/1998 4. FEI Number 59-3512595 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
9. Name and Address of Current Registered Agent GREEN, SANDRA 12065 METRO PKWY #101 FT. MYERS FL 33912			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																														
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CONFER, HARVEY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2887 E. TAMiami TRAIL, UNIT 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CONFER, JANET M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2887 E. TAMiami TRAIL, UNIT 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> DELETE	NAME	CONFER, HARVEY E		STREET ADDRESS	2887 E. TAMiami TRAIL, UNIT 3		CITY-ST-ZIP	NAPLES FL 34112		TITLE	SD	<input type="checkbox"/> DELETE	NAME	CONFER, JANET M		STREET ADDRESS	2887 E. TAMiami TRAIL, UNIT 3		CITY-ST-ZIP	NAPLES FL 34112		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td></td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td></td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td></td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td></td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td></td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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

4/2/99

941-275-3353

CR2E034 (1/98)