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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. | | | | | | a imaileal ein imit sente Entil Calte dittl Cat | 4 B) B (1 B) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10116 (ČI) (LŽ) | |
| | | | | | | | | 1887 (RI) PER | |
| Date along 54 | of Business | Mailing Address | | —. | | _{ | H BI BAL BILAL HEIM I | LANS 1841 (EB) | |
| | | | | | | | | | |
| 2887 E. TAMIAMI TRAIL 2887 E. TAMIAMI TRAIL UNIT 3 UNIT 3 | | | | | | 1 | | | |
| NAPLES FL 34112 NAPLES FL 34112 | | | | | | DO NOT WRITE IN THIS SPACE | | | ı |
| ļ | | | | | | 3. Date Incorporated or Qualifed | | ľ | |
| <u> </u> | | O Marillan Address | | | | 05/20/1998 4. FEI Number | An | plied For | |
| | lace of Business | 2a. Mailing Address | | | | 59-3512595 | | t Applicable | |
| 21 Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | _ | \$8.75 | | |
| 27 | | | | | | 5. Cenificate of Status Desired | Fee Re | | |
| | City & State City & State | | | | | 8 Election Campaign Financing | | May Be | ٠. |
| 23 | 28 | | | | | Trust Fund Contribution | Added I | 0 1862 | |
| Zip | | | | Country | | This corporation owes the current year I Personal Property Tax. | ntangibie Yes | □No | |
| 24 | 9. Name and Address of Current Registered Agent | | 30] | <u>'l</u> | | 10. Name and Address of New Registers | | | |
| | 5. Manie and Address of Cur | In the Process of Whater | | 81 | Name | | | _ | |
| GRE | en, sandra | | | 100 | Street Addre | see /P.O. Box Number is Not Accentable) | | | ١ |
| 12065 METRO PKWY #101 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FT. MYERS FL 33912 | | | | 83 | | | | | |
| 1 | | | | 84 | City | | 85 Zip (| Code | |
| | | | | | • | <u>F</u> | L de la cion de | registered | } |
| 11. Pursuant | to the provisions of Sections 607. | 0502 and 607.1508, Florida Statut tate of Florida, Such change was a | as, the a uthorize | above od by | -named corpo the corporation | pration submits this statement for the purpose in's board of directors. I hereby accept the app | ointment as re | gistered | |
| agent, i a | m familiar with, and accept the ob | oligations of, Section 607.0505, Flo | ida Sta | itutes. | | | | | } |
| SIGNATURE | Signature, typed or printed name of registered | | | | t signature required | | | | ء ا |
| 12. | | AND DIRECTORS | 13 | _ | | ADDITIONS/CHANGES TO OFFICERS | | | ğ |
| TITLE | PD DELETE | | 1.1 7 | 1.1 TITLE | | | Change | Addition | 5 |
| NAME | CONFER, HARVEY E | | | NAME | | | | | E034 |
| STREET ADDRESS | ł | VIT 3 | 1.3 5 | STREET | ADDRESS | | | | l c |
| CITY-ST-ZIP | NAPLES FL 34112 | | 140 | CITY-51 | r-ZIP | | | | ٩ |
| TILE | SD DELETE | | | _ | | | Change | ☐ Addition | |
| NAME | CONFER, JANET M | | | me | ļ | | Change | Addition | ` |
| STREET ADDRESS | · · · · · · · · · · · · · · · · | - | 221 | NAME | 4000000 | | Change | Addition | |
| | 2887 E. TAMIAMI TRAIL, UI | - | 22) 23: | NAME STREET | ADDRESS | | Change | Addition | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · | - | 221 235 2.4 | NAME | | | ☐ Change | ☐ Addition | |
| TITLE | 2887 E. TAMIAMI TRAIL, UI | NIT 3 | 221 235 2.4 3.11 | NAME STREET CITY-S | | | | | |
| TITLE NAME | 2887 E. TAMIAMI TRAIL, UI | NIT 3 | 221 235 2.4 3.1 3.21 | NAME STREET CITY-S TITLE NAME | | | | | |
| TITLE | 2887 E. TAMIAMI TRAIL, UI | NIT 3 ☐ DELETE | 221 235 2.4 3.1 3.21 3.35 | NAME STREET CITY-S TITLE NAME | T-ZIP ADORESS | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | 2887 E. TAMIAMI TRAIL, UI | NIT 3 | 221 235 2.4 3.1 3.21 3.35 3.4. | NAME STREET CITY-S TITLE NAME STREET | T-ZIP ADORESS | | | | |
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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 of 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 chapters, or on an attactorient with an address, with all other like empowered.

May 10, 1999 8:00 am Secretary of State 05-10-1999 90077 021 ***150.00