	MENT # P980000	48761	ŘT (UBR)						
1. Entity Name IMMEDIATE MEDICAL CAREERS, INC.				/	FIL				
			4		01 OCT 36	AM II:	33		
•	ce of Business BLVD SUITE 1211	Mailing Address	1211		SECRETAR' TALLAHASS	OF STAT	FE IBA		
/ENTURA FL		AVENTURA FL 33160			TALLAHASS	EE, PLUN	(9) F1 		
. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		4. FEI N	umber 65-09996	00		pplied For ot Applicable	
Zip	Country	Zip	Country	l	cate of Status Desired	Li è	8.75 Ack ee Require	d	
£ 4. 4 7. 2. 4	6. Name and Address of Current R	egislered Agent	Name*	7. Name	and Address of New	Registered Ag	jent	-	
ALLEN, R. KEITH 4675 PONCE DE LEON BLVD SUITE 302			Street Addr	ess (P.O. Box N	umber is Not Acceptal	ole)		·	
MIAI ÷	Mi FL 33146		City			·	Zip Cod		
. The above	e named entity submits this statement for	the purpose of changing its		gistered agent, o	or both, in the State of	FL Florida.			
SIGNATURE 9. This corp	Signature, typed or printed name of registered agent an overation is alligible to satisfy its Intengible	nd title 4 applicable. (NOTI	e registered office or reg E: Registered Agent signature re !!! FEE IS \$150.00	equired when reinstalin	g)	Torida.			
9. This corp Tax filing (See crite	Signature, typed or printed name of registered apent an contation is alligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payat	E registered office or reg E: Registered Agent signature re !!! FEE IS \$150.00 001 Fee will be \$550 ble to Department of	oquired when reinstalter 10 State	g) . Election Campaign I Trust Fund Contribut	OATE Financing ion.	\$5.0 Added	00 May Be	
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Affachment Pasadi

Letter of Explanation of why I was late

On 3/10/01, my father passed away suddenly. Many of my personal and legal documents were misplaced/temporarily forgotten. Please waive my late fees and accept my check for \$150.

Thank you,

Ron J. Ressler, President of Immediate Medical Careers, Inc.

Doc # P98000048761