

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000087346**

1. Entity Name

**INTEGRATED MEDICAL GROUP, INC.****FILED****Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90029 046 \*\*\*150.00

0550954

Principal Place of Business  
2401 GRAND BLVD  
HOLIDAY FL 34690  
US

Mailing Address  
2401 GRAND BLVD  
HOLIDAY FL 34690  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3540826</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code			

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. D.C. Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. D.C. Huber

Date

01/08/2001 727-9345757

Daytime Phone #

CR2E034 (10/00)