


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000087346</b>	
<b>1. Entity Name</b> INTEGRATED MEDICAL GROUP, INC.	

<b>Principal Place of Business</b> 2401 GRAND BLVD HOLIDAY FL 34690 US	<b>Mailing Address</b> 2401 GRAND BLVD HOLIDAY FL 34690 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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<b>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. I am familiar with, and accept the obligations of registered agent.</b>	<b>4. FEI Number</b> 59-3540826 <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	<b>DATE</b> _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DPVS</b> HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> HUBER, DAVID C 2401 GRAND BLVD HOLIDAY FL 34690 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>U000000217625</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/07/05-80032-010 150.00</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> _____	<b>Daytime Phone</b> _____
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