

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108117

1. Entity Name

IMR SUB A CORP.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90167 009 \*\*\*150.00

Principal Place of Business

Mailing Address

26750 US HWY 19 NORTH  
SUITE 500  
CLEARWATER FL 33761

26750 US HWY 19 NORTH  
SUITE 500  
CLEARWATER FL 33761-3460

2. Principal Place of Business

100 South Missouri Ave.  
Suite, Apt. #, etc.

3. Mailing Address

100 South Missouri Ave.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL  
Zip 33756 Country USA

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Clearwater, FL  
Zip 33756 Country USA

4. FEI Number

59-3582859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, DILIP  
26750 US HWY 19 NORTH  
SUITE 500  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name IMRglobal Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
Attn: General Counsel  
100 South Missouri Ave.  
City Clearwater FL Zip Code 33756

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]* IMRglobal Corp  
by DILIP PATEL, General Counsel VP & Secretary 4/4/00  
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, 2000 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

TITLE VPS  
NAME PATEL, DILIP  
STREET ADDRESS 26750 US HWY 19 NORTH #500  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE D  
NAME SANAN, SATISH K  
STREET ADDRESS 26750 US HWY 19 NORTH #500  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE VPT  
NAME MOLSICK, ROBERT M  
STREET ADDRESS 26750 US HWY 19 NORTH #500  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE PD  
NAME ADDONISIO, VINCENT  
STREET ADDRESS 26750 US HWY 19 NORTH #500  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE D  
NAME HINDMAN, JOHN R  
STREET ADDRESS 26750 US HWY 19 NORTH #500  
CITY-ST-ZIP CLEARWATER FL 33761 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 100 South Missouri Ave.  
CITY-ST-ZIP Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS Same as above  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS Same as above  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS Same as above  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]* DILIP PATEL, VP & S  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (727) 467 8080  
Date Daytime Phone #

CR2E034 (9/99)