FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY -1 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S33395** **(2)**

1. Corporate Name

INTEGRATED MEDICAL CONSULTING SERVICES, INC.

Principal Place of Business
3175 U.S. 1 SOUTH
SUITE B, BOX 9
ST. AUGUSTINE FL 32086

Mailing Address
3175 U.S. 1 SOUTH
SUITE B, BOX 9
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-3054115 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liquid, transferable tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, GARRETT O. JR.
3175 U.S. 1 SOUTH
SUITE B, BOX 9
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to Section [illegible] of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

[illegible]

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SMITH, GARRETT O. JR.
ADDRESS: 6600 NASSAU STREET
CITY, ST, ZIP: ST. AUGUSTINE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the officers and directors listed on this annual report or supplemental annual report, if any, are aware of their duties and that my signature shall have the same legal effect and force as if made under oath. That I am an officer or director of this corporation or the manager or trustee or a person authorized by the corporation to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attached list with an address.

SIGNATURE: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

800 226 4678
Daytime Phone #

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