FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S33395** (2)

1. Corporation Name

INTEGRATED MEDICAL CONSULTING SERVICES, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 2807 West Busch Blvd.	26 2807 West Busch Blvd.
Suite, Apt. #, etc.: 22 Suite 107	Suite, Apt. #, etc.: 27 Suite 107
City & State: 23 Tampa, Florida	City & State: 28 Tampa, Florida
Zip: 24 33618 — Country: 25 Hillsborough	Zip: 33618 — Country: 30 Hillsborough

3. Date Incorporated or Qualified: 02/22/1991

3a. Date of Last Report: 05/01/1995

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 liability for intangible tax under s. 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 the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	V ☐ Change XX Addition
NAME	SMITH, GARRETT O. JR.	1.2 NAME	WALTHER, PATRICK G.
STREET ADDRESS	6600 NASSAU STREET	1.3 STREET ADDRESS	10107 Woodsong Way
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	Tampa, Florida 33618
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	700001910687 Change ☐ Addition
NAME		5.2 NAME	-08/01/96--01043--011
STREET ADDRESS		5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8/9/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick G. Walther Patrick G. Walther 06/28/96 (813)935-0942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)