

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
 02-02-2001 90314 034 ***150.00

DOCUMENT # S33395

1. Entity Name
INTEGRATED MEDICAL CONSULTING SERVICES, INC.

Principal Place of Business

2807 W. BUSCH BLVD.
 STE. 107
 TAMPA FL 33618

Mailing Address

2807 W. BUSCH BLVD.
 STE. 107
 TAMPA FL 33618

2. Principal Place of Business

14502 NORTH DALE MABRY HWY.

3. Mailing Address

14502 NORTH DALE MABRY HWY.

Suite, Apt. #, etc.

SUITE 327

Suite, Apt. #, etc.

SUITE 327

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33618-4518

Country

HILLSBOROUGH

Zip

33618-4518

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

SMITH, GARRETT O. JR.
2807 W BUSCH BLVD
#107
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name **PATRICK G. WALTHER**
 Street Address (P.O. Box Number is Not Acceptable)
14502 NORTH DALE MABRY HWY.
SUITE 327
 City **TAMPA** FL **33618-4518**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3054115**

Applied For
 Not Applicable

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

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 *Patrick G. Walther* **PATRICK G. WALTHER** **JANUARY 29, 2001**
 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

TITLE **D** ☐ Delete
 NAME **SMITH, GARRETT O. JR.**
 STREET ADDRESS **7802 SHADOW BOND DR**
 CITY-ST-ZIP **HUNTSVILLE AL 35802**

TITLE **D** ☐ Delete
 NAME **WALTHER, PATRICIE G**
 STREET ADDRESS **10107 WOODSONG WAY**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Patrick G. Walther* **PATRICK G. WALTHER** **01/29/01** **(813) 935-0942**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)