2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S33395

Entity Name: INTEGRATED MEDICAL CONSULTING SERVICES, INC.

FILED Feb 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14502 NORTH DALE MABRY HWY SUITE 327

TAMPA, FL 336184518

Current Mailing Address: New Mailing Address:

14502 NORTH DALE MABRY HWY SUITE 327 TAMPA, FL 336184518

FEI Number: 59-3054115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTHER, PATRICK G.

14502 NORTH DALE MABRY HWY
SUITE 327
TAMPA, FL 336184518

WALTHER, PATRICK G
14502 NORTH DALE MABRY HWY
SUITE 327
TAMPA, FL 336184518

WALTHER, PATRICK G
14502 NORTH DALE MABRY HWY
SUITE 327
TAMPA, FL 336184518

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 02/20/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: SMITH, GARRETT O. JR, . Name: SMITH, GARRETT O. JR.
Address: 7802 SHADOW BOND DR Address: 7256 BAIL EY COVE RD.

Address: 7802 SHADOW BOND DR Address: 7256 BAILEY COVE RD. City-St-Zip: HUNTSVILLE, AL 35802 City-St-Zip: HUNTSVILLE, AL 35802

Title: D () Delete Title: D (X) Change () Addition Name: WALTHER, PATRICK G

Address: 10107 WOODSONG WAY

City-St-Zip: TAMPA, FL 33618

WALTHEN, FAINOR G

Address: 10107 WOODSONG WAY

City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK G. WALTHER D 02/20/2002