2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004
Secretary of State

DOCUMENT# S33395

Entity Name: INTEGRATED MEDICAL CONSULTING SERVICES, INC.

Current Principal Place of Business:

14502 NORTH DALE MABRY HWY
SUITE 327
TAMPA, FL 336184518

New Principal Place of Business:

Current Mailing Address:

14502 NORTH DALE MABRY HWY
SUITE 327
TAMPA, FL 336184518

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, GARRETT O JR.
Address: 7256 BAILEY COVE RD.
City-St-Zip: HUNTSVILLE, AL 35802

Title: D ( ) Delete
Name: WALTHER, PATRICK G
Address: 10107 WOODSONG WAY
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: MARY, CYNTHIA R SMITH
Address: 7802 SHAROW BEND DR. SE
City-St-Zip: HUNTSVILLE, AL 35802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 06/01/2004

Electronic Signature of Signing Officer or Director — Date