

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S43297 (8)**

1. Corporation Name  
**INTEGRATED MEDICAL SERVICES GROUP, INC.**



Principal Place of Business  
**21110 BISCAYNE BLVD.  
SUITE 100-A  
AVENTURA FL 33180**

Mailing Address  
**21110 BISCAYNE BLVD.  
SUITE 100-A  
AVENTURA FL 33180-1227**

3. Date Incorporated or Qualified **04/05/1991**      3a. Date of Last Report **02/20/1996**

2. Principal Place of Business  
21 2627 NE 203<sup>rd</sup> St.      2a. Mailing Address  
26 2627 NE 203<sup>rd</sup> St.

22 Suite 208      27 Suite 208

23 Aventura, FL      28 Aventura, FL

24 33180      25 USA      29 33180      30 USA

4. FEI Number **59-3066481**      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  
**MURDOCK, CHRISTINE M  
3711 NE 207 TREE.  
AVENTURA FL 33180**

10. Name and Address of New Registered Agent  
81 Name **Murdock, Christine M.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2627 NE 203<sup>rd</sup> St.**  
83 **Suite 208**  
84 City **Aventura**      FL      85 Zip Code **33180**

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 *Christine M. Murdock*      DATE **1/14/97**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------|---------------------------------|
| TITLE                      | <b>PVP</b>                |                                 |
| NAME                       | <b>MURDOCK, CHRISTINE</b> |                                 |
| STREET ADDRESS             | <b>3711 NE 207 TREE.</b>  |                                 |
| CITY - ST - ZIP            | <b>AVENTURA FL 33180</b>  |                                 |
| TITLE                      | <b>ST</b>                 |                                 |
| NAME                       | <b>MURDOCK, CHRISTINE</b> |                                 |
| STREET ADDRESS             | <b>3711 NE 207 TREE.</b>  |                                 |
| CITY - ST - ZIP            | <b>AVENTURA FL 33180</b>  |                                 |
| TITLE                      |                           | <input type="checkbox"/> DELETE |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY - ST - ZIP            |                           |                                 |
| TITLE                      |                           | <input type="checkbox"/> DELETE |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY - ST - ZIP            |                           |                                 |
| TITLE                      |                           | <input type="checkbox"/> DELETE |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY - ST - ZIP            |                           |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 1.1 TITLE   |  |                                 |                                   |
| 1.2 NAME  |  |                                 |                                   |
| 1.3 STREET ADDRESS                                    |  |                                 |                                   |
| 1.4 CITY - ST - ZIP                                   |  |                                 |                                   |
| 2.1 TITLE   |  |                                 |                                   |
| 2.2 NAME  |  |                                 |                                   |
| 2.3 STREET ADDRESS                                    |  |                                 |                                   |
| 2.4 CITY - ST - ZIP                                   |  |                                 |                                   |
| 3.1 TITLE   |  |                                 |                                   |
| 3.2 NAME  |  |                                 |                                   |
| 3.3 STREET ADDRESS                                    |  |                                 |                                   |
| 3.4 CITY - ST - ZIP                                   |  |                                 |                                   |
| 4.1 TITLE   |  |                                 |                                   |
| 4.2 NAME  |  |                                 |                                   |
| 4.3 STREET ADDRESS                                    |  |                                 |                                   |
| 4.4 CITY - ST - ZIP                                   |  |                                 |                                   |
| 5.1 TITLE   |  |                                 |                                   |
| 5.2 NAME  |  |                                 |                                   |
| 5.3 STREET ADDRESS                                    |  |                                 |                                   |
| 5.4 CITY - ST - ZIP                                   |  |                                 |                                   |
| 6.1 TITLE   |  |                                 |                                   |
| 6.2 NAME  |  |                                 |                                   |
| 6.3 STREET ADDRESS                                    |  |                                 |                                   |
| 6.4 CITY - ST - ZIP                                   |  |                                 |                                   |

14. I do 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 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: *Christine M. Murdock*      DATE **1/14/97**      DAYTIME PHONE # **(305) 682-1711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)