

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # S50652

1. Entity Name
INDEPENDENT MEDICAL EXAMINER SERVICES, INC.



Principal Place of Business
**4237 SALISBURY RD
SUITE 407
JACKSONVILLE FL 32216
US**

Mailing Address
**4237 SALISBURY RD
STE 407
JACKSONVILLE FL 32216
US**

2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3073977** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**BIGGS, KATHRYN
4237 SALISBURY RD
#407
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST BIGGS, K 4237 SALISBURY ROAD JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U000000220544 02/08/05-80074-010 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BIGGS, O E JR 4237 SALISBURY RD #407 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathryn Biggs** **Kathryn Biggs** **2/3/05** **904-281-9888**

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