2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 25, 2005 8:00 am Secretary of State **DOCUMENT # V40291** 1. Entity Name 04-28-2005 90180 001 ***158.75 ST. JOHN'S IMS GROUP, INC. Principal Place of Business Mailing Address 1128 ST JOHNS BLUFF RO JACKSONVILLE FL 32225 3536 UNIVERSITY BLVD N ぎほけるいこと しょりの to・vo STE 167 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3116480 Not Applicable Zip Country Country Zσ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISABELLE, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 3536 UNIVERSITY BLVD N **STE 167 JACKSONVILLE FL 32211** City Zip Code FL 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 _______Sgneture, typed or printed name of regordered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THE ☐ Delete TITLE ☐ Change Addillon NAME ISABELLE, GEORGE L. NAME 5320 SANTA ROSA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-7P TITLE ☐ Delete DINE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Deteta ■ Addition NAMO NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CIT-SI-ZP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP 12. Thereby 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with alybing like empowered. 904-642-1533 SIGNATURE: Cevirne Phone

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