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FILED
May 14 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 # F94000004032 (8)

1. Corporation Name

INTEGRATED MEDICAL SYSTEMS, INC.



Principal Place of Business

15000 W. 6TH AVE., SUITE 400
GOLDEN CO 80401

Mailing Address

15000 W. 6TH AVE., SUITE 400
GOLDEN CO 80401-5047

3. Date Incorporated or Qualified

08/03/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

84-0970775

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-18-97

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCED

☐ DELETE

NAME

KEVIN R. MOLEY

STREET ADDRESS

15000 W 6TH AVE #400

CITY- ST- ZIP

GOLDEN CO

TITLE

COO

☐ DELETE

NAME

EDWARD B. DANIELS

STREET ADDRESS

15000 W. 6TH AVE., STE. 400

CITY- ST- ZIP

GOLDEN CO

TITLE

EVP

☒ DELETE

NAME

BROWN, CHARLES I

STREET ADDRESS

15000 W. 6TH AVE., STE. 400

CITY- ST- ZIP

GOLDEN CO

TITLE

AS

☐ DELETE

NAME

RICHARD J. SMELTZ

STREET ADDRESS

15000 W 6TH AVE #400

CITY- ST- ZIP

ENGLEWOOD CO

TITLE

SVP

☐ DELETE

NAME

CHARLES S. IOBE

STREET ADDRESS

15000 W. 6TH AVE., STE. 400

CITY- ST- ZIP

GOLDEN CO

TITLE

D

☐ DELETE

NAME

MICHAEL S HUNT

STREET ADDRESS

15000 W. 6TH AVE., STE. 400

CITY- ST- ZIP

GOLDEN CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

(303)271-7321

Daytime Phone #

0496767

CR2E034 (9/96)