


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 029 ***150.00

DOCUMENT # P38937

1. Entity Name
 IMS-NET OF CENTRAL FLORIDA, INC.



Principal Place of Business
 26 CENTURY BLVD., STE 601
 NASHVILLE, TN 37214 US

Mailing Address
 669 RIVER DRIVE CENTER 2
 C/O LEGAL DEPT
 ELMWOOD PARK, NJ 07407 US

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

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


City & State
 Zip Country

4. FEI Number
 84-1199836

Applied For
 Not Applicable

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

01092006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLANO, RICK D 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAYMAN, KIRK G 669 RIVER DRIVE CENTER 2 ELMWOOD PARK, NJ 07407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLCOMBE, TONY 26 CENTURY BLVD NASHVILLE, TN 37214 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAMPE, ROSEANN 669 RIVER DRIVE, CENTER 2 ELMWOOD PARK, NJ 07407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, CEO RICK SOLANO 36 CENTURY BLVD, STE 601 NASHVILLE, TN 37214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTERIM PRES. KEVIN CAMERON 669 RIVER DRIVE, CTR. 2 ELMWOOD PARK, NJ 07407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANN STAMPE  4/12/06 (201) 703-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #