

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001103

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: ADP INTEGRATED MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

ONE ADP BLVD  
ROSELAND, NJ 07068

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ADP BLVD  
MS433  
ROSELAND, NJ 07068

**New Mailing Address:**

FEI Number: 52-1558967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BENSON, JAMES B  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: VT ( ) Delete  
Name: COLOTTI, RAYMOND L  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: VCD ( ) Delete  
Name: DYKSTRA, KAREN E  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: ASD ( ) Delete  
Name: SINGER, ROBERT J  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: AS ( ) Delete  
Name: DELORENZO, THOMAS  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DELORENZO

AS/D

01/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date