

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001103

FILED
Apr 19, 2005
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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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

04/19/2005

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

Electronic Signature of Signing Officer or Director

AS

04/19/2005

Date