

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90207 013 \*\*\*150.00

**DOCUMENT # F04000005227**

1. Entity Name  
**MEDICAL INTELLIGENCE CORPORATION**



Principal Place of Business      Mailing Address  
 959 EAST WALNUT STREET      959 EAST WALNUT STREET  
 STE 285      STE 285  
 PASADENA, CA 91106      PASADENA, CA 91106

**66008625**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01112005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 95-4112729      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARCY, THOMAS L ED.D  
 329 MISTY OAKS RUN  
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent  
 Name Mary Thomas L. Ed.D  
 Street Address (P.O. Box Number is Not Acceptable)  
1180 N. Ronald Reagan Blvd  
 City Longwood      FL      Zip Code 32750

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 [Signature]      DATE 02-23-05

Signature, typed or proposed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC MARCY, THOMAS L 329 MISTY OAKS RUN CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC marcy Thomas L. 1180 N Ronald Reagan Blvd Longwood FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV PHELAN, MARILYN 3257 DEER CHASE RUN LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV Phelan Marilyn 1180 N Ronald Reagan Blvd Longwood FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELAN, KELLY 4029 WEST MARYLAND PLACE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Phelan Kelly 1180 N. Ronald Reagan Blvd Longwood FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 118.07(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 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: [Signature]      DATE 02-23-05      (407) 332-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #