


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005227 1. Entity Name MEDICAL INTELLIGENCE CORPORATION	
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Principal Place of Business 13181 CROSSROADS PKWY N #3380 CITY OF INDUSTRY, CA 91746	Mailing Address 1182 N. RONALD REAGAN BLVD LONGWOOD, FL 32750
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03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4112729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCY, THOMAS L ED.D
 1180 N RONALD REAGAN BLVD
 LONGWOOD, FL 32750

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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, 2007 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	PVC MARCY, THOMAS L 1180 N RONALD REAGAN BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV PHELAN, MARILYN 1180 N RONALD REAGAN BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELAN, KELLY 1180 N RONALD REAGAN BLVD LONGWOOD, FL 32750
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04/10/07-80070-008 150.00

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: Marcy Thomas L. Phelan Marilyn Phelan 3-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #