

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90125 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S82708**

1. Corporation Name  
**INTERACTIVE TELEMEDICAL SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 11601 BISCAYNE BLVD  
 SUITE 200 B  
 MIAMI FL 33181  
 US

Mailing Address  
 11601 BISCAYNE BLVD  
 SUITE 200B  
 MIAMI FL 33181  
 US

3. Date Incorporated or Qualified  
**09/23/1991**

4. FEI Number  
**65-0287660**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business  
**16958 KNIGHTSBRIDGE**  
 Suite, Apt. #, etc.

2a. Mailing Address  
**PO Box 612154**  
 Suite, Apt. #, etc.

22. City & State  
**DELRAY BEACH FL**

27. City & State  
**MIAMI FL**

23. Zip  
**33261**

30. Country  
**DADE**

9. Name and Address of Current Registered Agent

**C.M. HARTZ**  
**4800 LEJEUNE ROAD**  
**SUITE 200B**  
**CORAL GABLES FL 33181**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PULLEN, FRED</b>
STREET ADDRESS	<b>16958 KNIGHTSBRIDGE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GAMAL, BADREG</b>
STREET ADDRESS	<b>11601 BISCAYNE BLVD, #200B</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MITCHELL, GREGORY</b>
STREET ADDRESS	<b>11601 BISCAYNE BLVD #220B</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D P GAMAL, BADREG</b>
2.3 STREET ADDRESS	<b>260 CRAWFORD BLVD</b>
2.4 CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GREGORY, MITCHELL</b>
3.3 STREET ADDRESS	<b>1002 NE 116 ST</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33161</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **4/29/99** Daytime Phone # **(305) 867-4433**

CR2E034 (1/198)