FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:24

DOCUMENT # J78905 (3)

1. Corporation Name
INTELLEX MEDICAL MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
% JOHN F. STEWART 2121 WEST FIRST STREET FORT MYERS FL 33901	% JOHN F. STEWART 2121 WEST FIRST STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1987
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 46-0003477 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, JOHN F.
2121 WEST FIRST STREET
FORT MYERS FL 33901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PAUL H.	12 NAME	
STREET ADDRESS	18253 OWL CREEK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PAUL H.	22 NAME	
STREET ADDRESS	18253 OWL CREEK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARGARET	32 NAME	
STREET ADDRESS	18253 OWL CREEK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, GEORGE P.,MD	42 NAME	
STREET ADDRESS	2780 CLEVELAND AVE, #805	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Margaret B Williams 2-7-95 813-693-1198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Margaret F Williams

0310344 CP