

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J78905 (3)
1. Corporation Name
INTELLEX MEDICAL MANAGEMENT SYSTEMS, INC.



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

3. Date Incorporated or Qualified: **06/19/1987** 3a. Date of Last Report: **02/10/1995**

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 46-0003477 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | | 25 | | 29 | | 30 | |

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

Signature of Registered Agent or Director

(800) Registered Agent Signature Required when Filing

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | PST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, PAUL H. | 1.2 NAME | |
| STREET ADDRESS | 18253 OWL CREEK DRIVE | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ALVA FL | 1.4 CITY-STATE-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, PAUL H. | 2.2 NAME | |
| STREET ADDRESS | 18253 OWL CREEK DRIVE | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ALVA FL | 2.4 CITY-STATE-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, MARGARET | 3.2 NAME | |
| STREET ADDRESS | 18253 OWL CREEK DRIVE | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ALVA FL | 3.4 CITY-STATE-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, GEORGE P. MD | 4.2 NAME | |
| STREET ADDRESS | 2780 CLEVELAND AVE, #805 | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FORT MYERS FL | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-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)(k), 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 Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-95 941-693-1198
DATE: E-File or Phone *

CR2E034 (12/95)