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May 04, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J78905

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1987

4. FEI Number

59-2839328

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4634 Palm Beach

Suite, Apt. #, etc.

City & State

23 Fort Myers FL

Zip Country

24 33905 25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME WILLIAMS, PAUL H  
STREET ADDRESS 18253 OWL CREEK DRIVE  
CITY-ST-ZIP ALVA FL

TITLE T ☒ DELETE

NAME FITZGERALD, GEORGE P MD  
STREET ADDRESS 2780 CLEVELAND AVENUE #805  
CITY-ST-ZIP FORT MYERS FL

TITLE S ☒ DELETE

NAME WILLIAMS, MARGARET  
STREET ADDRESS 18253 OWL CREEK DRIVE  
CITY-ST-ZIP ALVA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P O ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME ADRIAN P. WILLIAMS

4.3 STREET ADDRESS 2446 CLEVELAND BLVD

4.4 CITY-ST-ZIP FORT MYERS FL 33901

5.1 TITLE TD ☐ Change ☒ Addition

5.2 NAME DAVID B. WILLIAMS

5.3 STREET ADDRESS 14574 MAJESTIC BLVD

5.4 CITY-ST-ZIP FORT MYERS FL 33912

6.1 TITLE ☐ Change ☐ 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:

PAUL H. WILLIAMS

4/26/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)