

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 10 PM 12:39****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L15962 (8)**

1. Corporation Name

INTERMED CLINIC, INC.

Principal Place of Business

**2633 N OCEAN BLVD STE 101
FT LAUD FL 33308**

Mailing Address

**2633 N OCEAN BLVD STE 101
FT LAUD FL 33308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0142801

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$6.75 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

2. Principal Place of Business

21 4530 NW 49TH COURT

2a. Mailing Address

25 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COCONUT CREEK FL

City & State

28

Zip

Country

24 33092**25 USA**

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD
BLDG 6
SUNRISE FL 33351**

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

P
BRAY, CHANTAL
2833 N OCEAN BLVD, SUITE 101
FORT LAUDERDALE FL**D**
BRAY, CHANTAL
9 N OCEAN BLVD
POMPANO BEACH FLTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition**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 this 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:

Chantal Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CHANTAL GRAY****4/4/95 305-428-4512**
Date System Phone #