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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L15962

(8)

1. Corporation Name

INTERMED CLINIC, INC.

Principal Place of Business

4530 NW 49TH COURT
COCONUT CREEK FL 33073
US

Mailing Address

4530 NW 49TH COURT
COCONUT CREEK FL 33073-2943
US

3. Date Incorporated or Qualified
09/11/1989

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 106 NE 2nd Street

Suite, Apt. #, etc.

22 City & State
23 Boca Raton FL

24 Zip 33432 25 Country USA

2a. Mailing Address

26 4530 NW 49th Court

Suite, Apt. #, etc.

27 City & State
28 Coconut Creek FL

29 Zip 33073 30 Country USA

4. FEI Number

65-0142801

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

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

TITLE P ☐ DELETE

NAME BRAY, CHANTAL
STREET ADDRESS 2833 N OCEAN BLVD, SUITE 101
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME BRAY, CHANTAL
STREET ADDRESS 9 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL

TITLE Jean-Claude Bourque, MD ☐ DELETE

NAME Jean-Claude Bourque, MD
STREET ADDRESS 106 NE 2nd Street
CITY-ST-ZIP Boca Raton FL 33432

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 President ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4530 N.W. 49TH Court
1.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4530 N.W. 49TH Court
2.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

3.1 TITLE Jean-Claude Bourque, MD ☒ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS 106 NE 2nd Street
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Chantal Bray President 3/18/97 561-

CR2E034 (9/96)