

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90020 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L15962**

1. Corporation Name

INTERMED CLINIC, INC. ✓

Principal Place of Business 106 N.E. 2nd STREET BOCA RATON, FL. 33432	Mailing Address 7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL. 33351
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09-11-1989

2. Principal Place of Business 21 106 N.E. 2nd STREET Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL. Zip 24 33432	2a. Mailing Address 26 7800 W. OAKLAND PARK BLVD. Suite, Apt. #, etc. 27 BLDG. "G" City & State 28 SUNRISE, FL. Zip 29 33351	4. FEI Number 65-0142801 ✓ Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD BLDG "G"
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, CHANTAL	1.2 NAME	
STREET ADDRESS	4914 N.W. 120th AVENUE	1.3 STREET ADDRESS	4914 N.W. 120TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL. 33076	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33076
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, CHANTAL	2.2 NAME	
STREET ADDRESS	4914 N.W. 120th AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33076	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURQUE, JEAN CLAUDE	3.2 NAME	
STREET ADDRESS	106 N.E. 2nd STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33432	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chantal Bray **4/21/99** **954-749-8802**

Date

Daytime Phone #

CR2E034 (11/98)