


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L15962

1. Entity Name
INTERMED CLINIC, INC.



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



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0142801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS BRAY, CHANTAL 4914 N.W. 120TH AVENUE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOURQUE, LISE 106 NE 2ND ST BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/19/04-80123-002 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chantal Bray *Chantal Bray* President 4-9-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #