

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90345 044 \*\*\*150.00

**DOCUMENT # L15962**

1. Entity Name  
 INTERMED CLINIC, INC.



Principal Place of Business  
 10 ~~W. OAKLAND PARK BLVD.~~ **5355 Lyons Rd.**  
~~Bldg G~~ **US COCONUT CREEK**  
**FL 33073**

Mailing Address  
 7800 W. OAKLAND PARK BLVD.  
 BLDG. "G"  
 SUNRISE, FL 33351 US

**50040457**



04102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0142801

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	BRAY, CHANTAL
STREET ADDRESS	4914 N.W. 120TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	V
NAME	BOURQUE, LISE
STREET ADDRESS	106 NE 2ND ST
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 **4-12-05 954-227-1637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #