2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P00000029059

Entity Name: INTAPLECX, P.A.

Current Principal Place of Business:

320 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

320 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3630293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKERS, LESLIE A ESQ.
1301 RIVERPLACE BOULEVARD, SUITE 1700
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

FRALICKER, SHANNON M
1663 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233 US

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.

SIGNATURE: SHANNON M. FRALICKER 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRALICKER, DALE R M.D.
Address: 1616 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: FRALICKER, DALE R M.D.
Address: 1663 SEA OATS DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MRS ( ) Change (X) Addition
Name: FRALICKER, SHANNON M
Address: 1663 SEA OATS DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE R. FRALICKER, M.D. DR 04/30/2007
Electronic Signature of Signing Officer or Director Date