

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133495

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: INTELIMED CORP

## Current Principal Place of Business:

1035 NE 125 STREET  
SUITE 202  
MIAMI, FL 33161

## New Principal Place of Business:

16300 NE 19 AVE.  
SUITE  
NORHT MIAMI BEACH, FL 33162

## Current Mailing Address:

3616 POLK STREET  
#3  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 81-0603090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCANTLEBURY, DONNA Y  
3616 POLK ST.  
SUITE 3  
HOLLYWOOD, FL 33021

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: SCANTLEBURY, DONNA Y  
Address: 3616 POLK ST. SUITE 3  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete  
Name: SCHREIBER, ALAN  
Address: 12500 NE 15TH AVE  
City-St-Zip: MIAMI, FL 33161

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SCANTLEBURY, DONNA Y  
Address: 3616 POLK ST. #3  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Change (X) Addition  
Name: LEROY, MICHEL F  
Address: 6193 ROCK ISLAND RD. #415  
City-St-Zip: TAMARAC, FL 33319

Title: BM ( ) Change (X) Addition  
Name: LESS, LENWORTH  
Address: 3616 POLK ST. #3  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA Y. SCANTLEBURY

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date