

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90027 023 \*\*\*158.75

**DOCUMENT #**

1. Entity Name

P02000133495

Intelimed Corp.



**DO NOT WRITE IN THIS SPACE**

90143727

2. Principal Place of Business

1035 NE 125 st

3. Mailing Address

3616 Polk st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

# 3

City & State

City & State

North Miami, FL

Hollywood FL

4. FEI Number

81-0603090

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

USA

33021

USA

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Donna Y. Scantlebury

Street Address (P.O. Box Number is Not Acceptable)

3616 Polk St #3

City

Hollywood

FL

Zip Code

33021

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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  
P/S  
Donna Y. Scantlebury  
3616 Polk St #3  
Hollywood, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
Alon Schreiber  
12500 NE 15th Ave.  
North Miami, FL 33161

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Y. Scantlebury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July, 03

Date

(954) 249-5111

Daytime Phone #

CR2E034B (12/02)

**INTELMED CORPORATION**

90143727  
Attachment  
# P02000133495

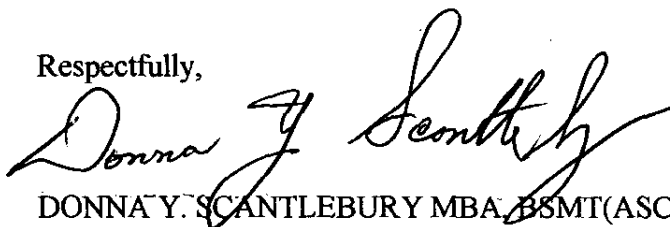
July 9, 2003.

To Whom It May Concern:

Thank you for sending me a Uniform Business Report. Included with this note is the UBR for Intelimed Corporation. We didn't receive the form that would have been sent before MAY 1, 2003.

As per our conversation a couple of weeks ago; I am including a payment of \$150.00 because, I received the form late. Thanking you before-hand.

Respectfully,



DONNA Y. SCANTLEBURY MBA, BSMT(ASCP)  
President