2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113219

Entity Name: INTERMED PROFESSIONAL SERVICES, INC.

FILED Apr 28, 2008 Secretary of State

y			20, 1140.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ALL MOUTH \ W, FL 33569	VAY US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX BRANDON	6214 N, FL 33508	US			
FEI Number:	: 20-5479273	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
RORY B. WEINER, P.A. 669A WEST LUMSDEN ROAD BRANDON, FL 33511 US			671 WEST LUMSDE	RORY B. WEINER, P.A. 671 WEST LUMSDEN ROAD BRANDON, FL 33511 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/28/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (OTAKAN, PAM P.O. BOX 621 BRANDON, FL	4	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP (OTAKAN, EDG P.O. BOX 621 BRANDON, FL	4	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PAMELA OTAKAN P 04/28/2008