

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051239 (8)

1. Corporation Name

INTRA-OPERATIVE MONITORING, INC.



Principal Place of Business

2717 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

Mailing Address

2717 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

4. FEI Number

65-0630484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

THIRER, MARTIN
2717 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33460

10. Name and Address of New Registered Agent

81. Name

JOHN M. YEEND

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

1109 SOUTH CONGRESS AVE

83

84

City WEST PALM BEACH FL

85. Zip Code

33406

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JOHN YEEND

3-6-96

Signature, typed or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MURPHY, MARLA M
2390 WATERSIDE CIRCLE
LAKE WORTH FL 33460

☐ DELETE

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

DPS
5770 NW 74th PLACE #207
COCONUT CREEK, FL 33073

☒ Change ☐ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 (954) 725-0550

CR2E034 (12/95)