

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000027222 (4)

1. Corporation Name

INTELLIGENT SYSTEMS, M.D., INC.

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD.
SUITE 240
CLEARWATER FL 34619

311 PARK PLACE BLVD.
SUITE 240
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

59-3375482

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALLAM, MAHA Y
16057 TAMPA PALMS BOULEVARD WEST, STE. 238
TAMPA FL 33613

81 Name SALLAM, MAHA Y.

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

311 PARK PLACE BLVD SUITE 240

83

84 City CLEARWATER

FL

85 Zip Code 34619

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 SALLAM, MAHA MAHA

(Signature, typed or printed name of registered agent and date of registration)

(NOTE: Registered agent signature required when re-instating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BARR, DEAN S
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238
CITY-ST-ZIP TAMPA FL 33613

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

D
BARR, DEAN
311 PARK PLACE BLVD SUITE 250
CLEARWATER, FL 34619

TITLE D
NAME SALLAM, MAHA Y
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238
CITY-ST-ZIP TAMPA FL 33613

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

D
SALLAM, MAHA Y
311 PARK PLACE BLVD SUITE 240
CLEARWATER, FL 34619

TITLE D
NAME GOPALAKRISHNAN, VANATHI
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238
CITY-ST-ZIP TAMPA FL 33613

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

☐ Change ☐ Addition

TITLE D
NAME MANI, GANESH
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238
CITY-ST-ZIP TAMPA FL 33613

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

D
MANI, GANESH
311 PARK PLACE BLVD SUITE 250
CLEARWATER, FL 34619

TITLE D
NAME QUAH, K.K.
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238
CITY-ST-ZIP TAMPA FL 33613

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. 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 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 SALLAM, MAHA MAHA

4/28/98 59-3375482

CR2E034 (10/97)