

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: **311 PARK PLACE BLVD. SUITE 240 CLEARWATER FL 34619**
Mailing Address: **311 PARK PLACE BLVD. SUITE 240 CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

9. Name and Address of Current Registered Agent
**SALLAM, MAHA Y
16057 TAMPA PALMS BOULEVARD WEST, STE. 238
TAMPA FL 33613**

10. Name and Address of New Registered Agent
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) **Sallam** (Registered Agent Signature) **4/28/98** (DATE)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D BARR, DEAN S	<input type="checkbox"/>
NAME	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	
STREET ADDRESS	TAMPA FL 33613	
CITY-ST-ZIP		
TITLE	D SALLAM, MAHA Y	<input type="checkbox"/>
NAME	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	
STREET ADDRESS	TAMPA FL 33613	
CITY-ST-ZIP		
TITLE	D GOPALAKRISHNAN, VANATHI	<input checked="" type="checkbox"/>
NAME	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	
STREET ADDRESS	TAMPA FL 33613	
CITY-ST-ZIP		
TITLE	D MANI, GANESH	<input type="checkbox"/>
NAME	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	
STREET ADDRESS	TAMPA FL 33613	
CITY-ST-ZIP		
TITLE	D QUAH, K.K.	<input checked="" type="checkbox"/>
NAME	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	
STREET ADDRESS	TAMPA FL 33613	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	D BARR, DEAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	311 PARK PLACE BLVD SUITE 250		
13 STREET ADDRESS	CLEARWATER, FL 34619		
14 CITY-ST-ZIP			
21 TITLE	D SALLAM, MAHA Y	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	311 PARK PLACE BLVD SUITE 240		
23 STREET ADDRESS	CLEARWATER, FL 34619		
24 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D MANI, GANESH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	311 PARK PLACE BLVD SUITE 250		
4.3 STREET ADDRESS	CLEARWATER, FL 34619		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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** (Signature) **Sallam** (Registered Agent Signature) **4/28/98** (DATE)

CR2E034 (10/97)