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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90221 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000027222

1. Corporation Name
INTELLIGENT SYSTEMS, M.D., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 311 PARK PLACE BLVD. 311 PARK PLACE BLVD.
 SUITE 240 SUITE 240
 CLEARWATER FL 34619 CLEARWATER FL 34619

3. Date incorporated or Qualified
03/27/1996

2. Principal Place of Business 2a. Mailing Address
311 PARK PLACE BLVD. **311 PARK PLACE BLVD.**

4. FEI Number Applied For
59-3375482 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 240 **SUITE 240**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State
CLEARWATER FL **CLEARWATER FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country
33759 **33759**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALLAM, MAHA Y
 311 PARK PLACE BLVD SUITE 240
 CLEARWATER FL ~~34619~~ 33759

81 Name **Same (only zip code changed)**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **33759**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR, DEAN S	1.2 NAME	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLAM, MAHA Y	2.2 NAME	
STREET ADDRESS	311 PARK PLACE BLVD STE 240	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPALAKRISHNAN, VANATHI	3.2 NAME	
STREET ADDRESS	16057 TAMPA PALMS BOULEVARD WEST, STE. 238	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANI, GANESH	4.2 NAME	
STREET ADDRESS	311 PARK PL BLVD STE 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Robert Black
CITY-ST-ZIP		5.4 CITY-ST-ZIP	311 PARK PLACE BLVD. SUITE 240
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SALLAM MAHA Y SALLAM 4/27/1999 727-799-4763
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)