

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000027222****1. Entity Name**

INTELLIGENT SYSTEMS, M.D., INC.

Principal Place of Business311 PARK PLACE BLVD.
SUITE 240
CLEARWATER
33759

FL

Mailing Address311 PARK PLACE BLVD.
SUITE 240
CLEARWATER
33759

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3375482**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SALLAM MAHA Y
311 PARK PLACE BLVD SUITE 240CLEARWATER
33759

FL

US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK ROBERT	
STREET ADDRESS	311 PARK PL BLVD STE 250	
CITY-ST-ZIP	CLEARWATER FL 34619	

TITLE	D	<input type="checkbox"/> Delete
NAME	SALLAM MAHA Y	
STREET ADDRESS	311 PARK PLACE BLVD STE 240	
CITY-ST-ZIP	CLEARWATER FL 34619	

TITLE	D	<input type="checkbox"/> Delete
NAME	BARR DEAN S	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 250	
CITY-ST-ZIP	CLEARWATER FL 34619	

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK ROBERT		
STREET ADDRESS	311 PARK PL BLVD STE 240		
CITY-ST-ZIP	CLEARWATER FL 33759		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALLAM MAHA Y		
STREET ADDRESS	311 PARK PLACE BLVD STE 240		
CITY-ST-ZIP	CLEARWATER FL 33759		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARR DEAN S		
STREET ADDRESS	311 PARK PLACE BLVD SUITE 240		
CITY-ST-ZIP	CLEARWATER FL 33759		

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maha Sallam

D. 04/28/2000