

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 Business 311 PARK PLACE BLVD. SUITE 240 CLEARWATER FL 33759	Mailing Address 311 PARK PLACE BLVD. SUITE 240 CLEARWATER FL 33759
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3375482	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALLAM MAHA Y
 311 PARK PLACE BLVD SUITE 240
 CLEARWATER FL 33759 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 _____ DATE **04/28/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<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

04/28/2000