

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

AND
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05-08-1999 90019 006 ***150.00
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092841

1. Corporation Name
INTERMEDICAL CORP.

Principal Place of Business 8296 NEPTUNES BASIN CT BOCA RATON FL 33404 US	Mailing Address 8296 NEPTUNES BASIN COURT BOCA RATON FL 33434
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1997	4. FEI Number APPLIED FOR 65-0889273	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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 21 20423 Stile Rd 3 Suite, Apt. #, etc. 22 SUITE FG-139 City & State 23 BOCA RATON, FL Zip 24 33498 25 USA	2a. Mailing Address 26 20423 Stile Rd 7 Suite, Apt. #, etc. 27 SUITE FG-139 City & State 28 BOCA RATON, FL Zip 29 33498 30 USA
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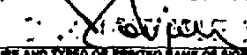
9. Name and Address of Current Registered Agent
LAW FIRM OF MANFRED ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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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		Signature, typed or printed name of registered agent and fee if applicable		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PSD	☐ DELETE			
NAME	RODRIGUEZ, ALBERTO				
STREET ADDRESS	8296 NEPTUNES BASIN COURT				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE	S	☐ DELETE			
NAME	RODRIGUEZ, TERESA				
STREET ADDRESS	8296 NEPTUNES BASIN COURT				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 487-3052
Daytime Phone

CR2E034 (1/98)