FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S52169

1. Corporation Name

INTEL MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD. #308 CORAL GABLES, FLORIDA 33134	--SAME--

3. Date Incorporated or Qualified: 05/13/91
3a. Date of Last Report: 1/27/94

2. Principal Place of Business	2a. Mailing Address
21 1000 PONCE DE LEON BLVD.	26 1000 PONCE DE LEON BLVD.
Suite, Apt. #, etc. 22 #308	Suite, Apt. #, etc. 27 # 308
City & State 23 CORAL GABLES, FLORIDA	City & State 28 CORAL GABLES, FLORIDA
Zip 24 33134 — Country 25	Zip 29 33134 — Country 30

4. FEI Number: 65-0260436 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOREDO, JORGE 236 SW 30TH AVENUE MIAMI, FLORIDA 33135	81 Name: TRULLENQUE, ANTHONY 82 Street Address (P.O. Box Number is Not Acceptable): 7098 BONITA DRIVE 83 MIAMI BEACH, FLORIDA 33141 84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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] — 4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fidalgo, Jose M. 6261 West Flagler Street # 06 Miami, Florida 33155 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D/S Fidalgo, Jose M. 8481 S.W. 35th Terrace Miami, Florida 33155 ☒ X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~-Loredo, Jorge Eulogio-~~ ~~-236 SW 30th Avenue----~~ ~~-Miami, Florida 33155--~~ ☒ XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition DELETE LOREDO, JORGE EULOGIO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	600001787348 ☐ Change ☐ Addition -04/19/96--01061--001 ***208.75

CR2E034 (12/95)

4-19-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 4/15/96 — (305) 443-7891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number