## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

S70765

(0)

INT-MED, INC.

Mailing Address



CAAN DOWN IN						
	ie Bend Richey FL 34652	5440 BOWLINE BEND NEW PORT RICHEY FL 3	4652			
				3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Rep 05/01/199	ort 5
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
	8 LINDNER PL	26 5318 L	WANTER PC	59-3081901	No	ot Applicable
Suite, Apt. #	D RINIBILE	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State  Since Por Rickey, FL 28 New Port			Richey FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for		99.032,
346	52 25 PASCO	29 34652	30 PASCO		□ No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent	
5440 BC	s, Jonathan B Dwline Bend Drt Richey Fl 34652		82 Street Add	Tonathon 13. Stress (P.O. Box Number is Not Acceptate 318 Lindner Po	(	
			84 City	0 0-1		Code もしらる
		1 007 4 FOO First State Plant	the shows named porce	oration submits this statement for the pu	roose of changing its re	oistered offi
or rogistore	o the provisions of Sections 607.050 ed agent, or both, in the State of Floi h, and accept the obligations of, Sec	rida. Such change was authorized	by the corporation's boa	ard of directors. Thereby accept the app	omitmork as registered t	, go / 1
SIGNATURE _	Jun 10 B.	Solars			22 April	, 1996
	Stinature, typed or printed name of registered age		Registered Agent signature require	red when reinstating)  ADDITIONS/CHANGES TO OFF	DAIL	
2.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
			4 4 7 7 7 7		□ Channe	Outlibbe 1 L
11LE	U COCADO IOMATIMAN D	☐ DELETE	1. 1 TITLE		☐ Change	☐ Addition
	SPEARS, JONATHAN B	☐ DELETE	1.2 NAME		☐ Change	∐ Addition
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AME TREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
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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 it 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. DEPENDENT B. SPEARS 23 Apr 1996 846-702)

SIGNATURE: