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

FILED Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)S70765 INT-MED, INC. Principal Place of Business Mailing Address 5318 LINDNER PLACE 5318 LINDNER PLACE **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3081901 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No Zip Country Zιρ Country 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPEARS, JONATHAN B **5318 LINDNER PLACE** Street Address (P.O. Box Number is Not Acceptable) 82 **NEW PORT RICHEY FL 34652** 83 Zip Code 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 printiid name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change Addition SPEARS, JONATHAN B NAME 12 NAME **5440 BOWLINE BEND** STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 it changed, or on an atlantment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

(813) 8 46-7021

Change

Addition

CR2E034