## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V16472

FILED Jan 23, 2009 Secretary of State

Entity Nai	me: INTERSC	CIENTIFIC CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
2700 N. 29 SUITE 220	TH AVENUE						
	OOD, FL 3302	ס					
Current Mailing Address:				New Mailing Address:			
SUITE 220	OTH AVENUE OOD, FL 3302	0					
FEI Number:	: 65-0125881	FEI Number Applied For ( )	FEI Numbe	er Not Appli	cable ( )	Certificate of Status Desire	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ZIPPIN, ROBERT S. ESQUIRE MICHELSON AND ZIPPIN P.A. 7101 WEST MCNAB ROAD # 200 TAMARAC, FL 33321 US				RICHARD AMADO, CPA, P.A. 3000 N. UNIVERSITY DRIVE SUITE I CORAL SPRINGS, FL 33065 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of c	hanging it	s registered o	ffice or registered agent,	or both,
SIGNATURE: RICHARD AMADO				01/23/2009			
	Electror	ic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SAMPAIO, CLA 2700 N 29TH A		Na Ad	tle: ame: ddress: ity-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) SAMPAIO, MAF 2700 N 29TH A HOLLYWOOD,	VE SUITE #220	Na Ad	tle: ame: ddress: ity-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SAMPAIO, FILM 2700 N 29TH A		Na Ad	tle: ame: ddress: ity-St-Zip:	S (X) SAMPAIO, FILH 2700 N 29TH A' HOLLYWOOD,	VE SUITE 220	
Title:	T ()	Delete	Ti	tle:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDIO A. SAMPAIO PTD 01/23/2009

SAMPAIO, MARCELO

2700 N 29TH AVE SUITE 220

HOLLYWOOD, FL 33020

Name:

Address:

City-St-Zip: