

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 600694 (4)

1. Corporation Name
MELBOURNE INTERNAL MEDICINE ASSOCIATES, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:20

Principal Place of Business: P.A.
200 EAST SHERIDAN ROAD
MELBOURNE FL 32901

Mailing Address: P.A.
200 EAST SHERIDAN ROAD
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
21	22	23	24	25	26	27	28	29	30

3a. Date Reported (Quarter)	3b. Date of Last Report
12/23/1988	02/24/1994
4. FTT Number	5. Certificate of Status Desired
59-1224261	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 35-109.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent													
PIASECKI, PHILIP M 200 E SHERIDAN RD MELBOURNE FL 32901				<table border="1"> <tr> <td>01</td> <td>Name</td> </tr> <tr> <td>02</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>03</td> <td>City</td> </tr> <tr> <td>04</td> <td>State</td> </tr> <tr> <td>05</td> <td>Zip Code</td> </tr> </table>				01	Name	02	Street Address (P.O. Box Number is Not Acceptable)	03	City	04	State	05	Zip Code
01	Name																
02	Street Address (P.O. Box Number is Not Acceptable)																
03	City																
04	State																
05	Zip Code																

11. Pursuant to the provisions of Sections 607.0102 and 607.0103, 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 a 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 607.0106, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD SEELMAN, ROBERT C MD 200 EAST SHERIDAN ROAD MELBOURNE, FL 0	1. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD GRAFF, KENNETH S MD 200 EAST SHERIDAN ROAD MELBOURNE, FL 0	2. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD GARDNER, DAVID G MD 200 EAST SHERIDAN ROAD MELBOURNE, FL 0	3. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	VPD STALL, PHILLIPS H. MD. 200 EAST SHERIDAN ROAD. MELBOURNE FL	4. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		5. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		8. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		9. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		12. FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply for the registration stated in Section 607.0102(3)(g), Florida Statutes. I further certify that the information made cited 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 trustee and consent to associate the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE: X *[Signature]* 1/19/96