

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90062 016 ***150.00

DOCUMENT # 600694

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

Principal Place of Business P.A. 200 EAST SHERIDAN ROAD MELBOURNE FL 32901	Mailing Address P.A. 200 EAST SHERIDAN ROAD MELBOURNE FL 32901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1224281	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, AL
200 E SHERIDAN RD
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEELMAN, ROBERT C MD 200 EAST SHERIDAN ROAD MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAFF, KENNETH S MD 200 EAST SHERIDAN ROAD MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, DAVID G MD 200 EAST SHERIDAN ROAD MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD STALL, PHILLIPS H. MD. 200 EAST SHERIDAN ROAD. MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEELMAN, ROBERT C MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH McCLURE 200 E SHERIDAN RD MELBOURNE FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH McCLURE** 2/23/01 321-725-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)