

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600694

FILED
Jan 19, 2005
Secretary of State

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

Current Principal Place of Business:

200 EAST SHERIDAN RD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

200 EAST SHERIDAN RD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1224281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEELMAN, ROBERT C MD,
Address: 200 EAST SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL

Title: VP () Delete
Name: GRAFF, KENNETH S MD,
Address: 200 EAST SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL

Title: SDTD () Delete
Name: STALL, PHILLIPS H. M, D.
Address: 200 E SHERIDAN ROAD.
City-St-Zip: MELBOURNE, FL

Title: CD () Delete
Name: MCCLURE, JOSEPH
Address: 200 E SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SDTD (X) Change () Addition
Name: MARTIN ISENMAN MD,
Address: 200 EAST SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: VP (X) Change () Addition
Name: STALL, PHILLIPS H. M, D.
Address: 200 EAST SHERIDAN ROAD.
City-St-Zip: MELBOURNE, FL 32901

Title: CD (X) Change () Addition
Name: MCCLURE, JOSEPH
Address: 200 E SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: CFA () Change (X) Addition
Name: NESCIO, RICHARD A JR
Address: 200 E. SHERIDAN RD
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RICHARD A.NESCIO, JR

CFA

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date