


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 600694 1. Entity Name MELBOURNE INTERNAL MEDICINE ASSOCIATES, P.A.	
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Principal Place of Business 200 EAST SHERIDAN RD. MELBOURNE, FL 32901	Mailing Address 200 EAST SHERIDAN RD. MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  O'CONNELL, AL 200 E SHERIDAN RD MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000638671  
 02/27/07-80041-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLURE, JOSEPH A M.D. 200 EAST SHERIDAN RD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RONALDSON, JAMES M M.D. 200 EAST SHERIDAN RD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GURRI, JOSEPH A M.D. 200 EAST SHERIDAN RD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFA NESCIO, RICHARD A JR 200 E. SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Nescio, Jr. CFA 1/17/2007 321-725-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard A. Nescio, Jr.