

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600694

FILED  
Apr 29, 2010  
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:**

1223 GATEWAY DR  
MELBOURNE, FL 32901

**Current Mailing Address:**

200 EAST SHERIDAN RD.  
MELBOURNE, FL 32901

**New Mailing Address:**

1223 GATEWAY DR  
MELBOURNE, FL 32901

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:**

O'CONNELL, AL  
1223 GATEWAY DR  
MELBOURNE, FL 32901 US

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:

04/29/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCLURE, JOSEPH A M.D.  
Address: 1223 GATEWAY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: STD  
Name: RONALDSON, JAMES M M.D.  
Address: 1223 GATEWAY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: VD  
Name: GURRI, JOSEPH A M.D.  
Address: 1223 GATEWAY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: CFA  
Name: NESICIO, RICHARD A JR  
Address: 1223 GATEWAY DR  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A. NESICIO JR

CFA

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date