

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600694

FILED  
Feb 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1223 GATEWAY DR  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1223 GATEWAY DR  
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  
1223 GATEWAY DR  
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

**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:** NESCIO, 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: NESCIO, RICHARD A JR.

CFA

02/17/2011

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

\_\_\_\_\_ Date