

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00
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**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
 AND
 FILED**

DOCUMENT # 603167 (8)

1. Corporation Name
INTERNAL MEDICINE SPECIALISTS, P.A.

95 APR 21 AM 8:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1971** 3a. Date of Last Report: **03/14/1994**

4. FEI Number: **59-1362451** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.03? Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**HOLCOMB, ALLEN K
 3885 OAKWATER CIRCLE
 ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOLCOMB, ALLEN K	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3885 OAKWATER CRCL. ORLANDO FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD KENNEDY, JOHN J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3885 OAKWATER CRCL. ORLANDO FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS STONEROCK, ROBERT F. JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3885 OAKWATER CRCL. ORLANDO FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DAS MARBURY, THOMAS C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3885 OAKWATER CRCL. ORLANDO, FL 00000	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DAT COTTRELL, C. RAYMOND	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3885 OAKWATER CRCL. ORLANDO FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: _____ **4-12-95** 407-851-5600
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #