

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # **603167** (8)

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



Principal Place of Business Mailing Address  
**3885 OAKWATER CRCL. ORLANDO FL 32806**

3. Date Incorporated or Qualified **11/01/1971** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **59-1362451** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, 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 Country 28 Zip Country  
24 25 29 30

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 **SHAMUS M. HOLT**  
82 Street Address (P.O. Box Number is Not Acceptable) **3885 Oakwater Circle**  
83  
84 City **Orlando** FL 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the herein named corporation submits this statement for the purpose of changing its registered officer 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: *Shamus Holt*  
Signature (Type or print name of registered agent, if not a director or officer)

DATE: \_\_\_\_\_  
Date (Type or print date entered when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLCOMB, ALLEN K	
STREET ADDRESS	3885 OAKWATER CRCL.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, JOHN J	
STREET ADDRESS	3885 OAKWATER CRCL.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STONEROCK, ROBERT F. JR	
STREET ADDRESS	3885 OAKWATER CRCL.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MARBURY, THOMAS C	
STREET ADDRESS	3885 OAKWATER CRCL.	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	COTTRELL, C. RAYMOND	
STREET ADDRESS	3885 OAKWATER CRCL.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 named to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12a if changed, or on an attachment with an address.

SIGNATURE: *Raymond Cottrell*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-946 407-438-9509  
Raymond Cottrell

CR2E034 (12/95)