

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90523 001 \*\*\*300.00

**DOCUMENT # 603167**

1. Entity Name  
**INTERNAL MEDICINE SPECIALISTS, INC.**

Principal Place of Business      Mailing Address  
**OAKWATER CIRCLE      3885 OAKWATER CIRCLE**  
**ORLANDO FL 32806      ORLANDO FL 32806-6264**

**10201**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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

6. Name and Address of Current Registered Agent  
**HOLT, SHAMUS M.**  
**3885 OAKWATER CIRCLE**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 Name **Baker, Robert**  
 Street Address (P.O. Box Number is Not Acceptable) **3885 Oakwater Circle**  
 City **Orlando**      FL      Zip Code **32806**

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.

SIGNATURE

DATE **4/21/2000**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STONEROCK, ROBERT F. JR</b>	
STREET ADDRESS	<b>3885 OAKWATER CRCL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> Delete
NAME	<b>MARBURY, THOMAS C</b>	
STREET ADDRESS	<b>3885 OAKWATER CRCL</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>DAT</b>	<input type="checkbox"/> Delete
NAME	<b>COTTRELL, C. RAYMOND</b>	
STREET ADDRESS	<b>3885 OAKWATER CRCL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>Baker, Robert</b>	<input type="checkbox"/> Delete
NAME	<b>Baker, Robert</b>	
STREET ADDRESS	<b>3885 Oakwater Circle</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE	<b>Williams, Mark</b>	<input type="checkbox"/> Delete
NAME	<b>Williams, Mark</b>	
STREET ADDRESS	<b>3885 Oakwater Circle</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

DATE **4/21/2000**

CR2E034 (9/99)