

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 91009 030 ***150.00

DOCUMENT # 603167

1. Entity Name

INTERNAL MEDICINE SPECIALISTS, INC.

Principal Place of Business 3885 OAKWATER CIRCLE ORLANDO FL 32806	Mailing Address 3885 OAKWATER CIRCLE ORLANDO FL 32806
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5021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1362451	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
BUCHANAN, REX
3885 OAKWATER CIRCLE, STE 2
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DS STONEROCK, ROBERT F. JR 3885 OAKWATER CRCL ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS MARBURY, THOMAS C 3885 OAKWATER CRCL ORLANDO, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT COTTRELL, C. RAYMOND 3885 OAKWATER CRCL ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Assistant Secretary Lionel Abbott <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3885 oakwater circle Orlando FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice President Mark Williams <input type="checkbox"/> Change <input type="checkbox"/> Addition 3885 oakwater circle Orlando FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Baker <input type="checkbox"/> Change <input type="checkbox"/> Addition 3885 oakwater circle Orlando FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Assistant Treasurer Kenneth Peuter <input type="checkbox"/> Change <input type="checkbox"/> Addition 3885 oakwater circle Orlando FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: Paul Abbott Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR