

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603167

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: INTERNAL MEDICINE SPECIALISTS, INC.

**Current Principal Place of Business:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 59-1362451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCHANAN, REX  
3885 OAKWATER CIRCLE, STE 2  
ORLANDO, FL 32806      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SAT ( ) Delete  
Name: FEUER, KENNETH  
Address: 3885 OAKWATER CRCL.  
City-St-Zip: ORLANDO, FL 32806

Title: DAT ( ) Delete  
Name: COTTRELL, C. RAYMOND,  
Address: 3885 OAKWATER CRCL.  
City-St-Zip: ORLANDO, FL

Title: FAS ( ) Delete  
Name: ABBOTT, LIONEL  
Address: 3885 OAKWATER CR  
City-St-Zip: ORLANDO, FL 32806

Title: SVP ( ) Delete  
Name: WILLIAMS, MARK  
Address: 3885 OAK WATER CR  
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete  
Name: BAKER, ROBERT  
Address: 3885 OAK WATER CR  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: COHEN, JEFFREY  
Address: 3885 OAKWATER CIR  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY COHEN

D

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date