


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90098 032 ***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		
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCHANAN, REX 3885 OAKWATER CIRCLE, STE 2 ORLANDO, FL 32806			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00- After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SAT	<input type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEUER, KENNETH		NAME	Avanish Aggarwal	
STREET ADDRESS	3885 OAKWATER CRCL.		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	DAT	<input type="checkbox"/> Delete	TITLE	JVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTRELL, C. RAYMOND		NAME	Jorge Larranga	
STREET ADDRESS	3885 OAKWATER CRCL.		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	FAS	<input type="checkbox"/> Delete	TITLE	FVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, LIONEL		NAME	Arvind madan	
STREET ADDRESS	3885 OAKWATER CR		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	FVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARK		NAME	Amit Bhargava	
STREET ADDRESS	3885 OAK WATER CR		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	T	<input type="checkbox"/> Delete	TITLE	SAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ROBERT		NAME	Timothy Prince	
STREET ADDRESS	3885 OAK WATER CR		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, JEFFREY		NAME	Elipidio Abreu	
STREET ADDRESS	3885 OAKWATER CIR		STREET ADDRESS	3885 oakwater circle	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, Fl. 32806	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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INTERNAL MEDICINE SPECIALISTS, INC.

Principal Place of Business
**3885 OAKWATER CIRCLE
ORLANDO, FL 32806**

Mailing Address
**3885 OAKWATER CIRCLE
ORLANDO, FL 32806**

ATTACHMENT

40056669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1362451

Applied For

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SAT	FEUER, KENNETH	3885 OAKWATER CRCL.	ORLANDO, FL 32806	<input type="checkbox"/>
DAT	COTTRELL, C. RAYMOND	3885 OAKWATER CRCL.	ORLANDO, FL	<input type="checkbox"/>
FAS	ABBOTT, LIONEL	3885 OAKWATER CR	ORLANDO, FL 32806	<input type="checkbox"/>
SVP	WILLIAMS, MARK	3885 OAK WATER CR	ORLANDO, FL 32806	<input type="checkbox"/>
T	BAKER, ROBERT	3885 OAK WATER CR	ORLANDO, FL 32806	<input type="checkbox"/>
D	COHEN, JEFFREY	3885 OAKWATER CIR	ORLANDO, FL 32806	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
FAS	Gopen mukherjee	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FAS	Ivelisse Lopez	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FAT	Alex menendez	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TAT	Steven Brint	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FAT	Richard Dumois	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FAT	Lazaro Delgado	3885 oakwater circle	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #