2005 FOR PROFIT CORPORATION

Apr 14, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # 603167 04-14-2005 90098 032 ***150.00 1. Entity Name INTERNAL MEDICINE SPECIALISTS, INC. Principal Place of Business Mailing Address 3885 OAKWATER CIRCLE 3885 OAKWATER CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03312005 Cho-P City & State___ City & State 4. FEI Number Applied For 59-1362451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCHANAN, REX 3885 OAKWATER CIRCLE, STE 2 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32806 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00-After May 1, 2005 Fee will be \$550.00 \$5.00 May_Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SAT TITLE ☐ Delete TITLE avanish aggarwal rele 3855 garwater circle ☐ Change Addition FEUER, KENNETH NAME NAME 3885 OAKWATER CRCL. STREET ADDRESS STREET ADDRESS orlando, Fl. 32806 CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP DAT TITLE ☐ Delete TITLE ☐ Change Addition | Jorge Larranga 3885 pakwater tirdle COTTRELL, C. RAYMOND NAME NAME 3885 OAKWATER CRCL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP 3280h FAS TITLE ☐ Delete TITLE ☐ Change Addition Arvind madan ABBOTT, LIONEL NAME NAME STREET ADDRESS 3885 OAKWATER CR STREET ADDRESS orlando, Fl. 32806 CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-ZIP TITLE SVP ☐ Delete TITLE T4 Addition Bhargaya reinche WILLIAMS, MARK NAME NAME STREET ADDRESS 3885 OAK WATER CR 3885 pak wo STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP 2806 TITLE ☐ Delete TITLE BAKER, ROBERT NAME NAME ter circle STREET ADDRESS 3885 OAK WATER CR STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Addition COHEN, JEFFREY NAME STREET ADDRESS 3885 OAKWATER CIR STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ORLANDO, FL 32806

12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empoyer charged, or on an attachment with an address, will

> SIGNATURE AND TYPED OR P IGNING OFFICER OR DIRECTOR

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director et tip seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

FILED

Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 603167 1. Entity Name INTERNAL MEDICINE SPECIALISTS, INC.									
				ATTACHMENT					
Principal Place of Business 3885 OAKWATER CIRCLE ORLANDO, FL 32806 Mailing Address 3885 OAKWATER CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32806			E		40056669				
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			-03312005	Chg-P	CR2E0	34 (10/03)	,	
City & State	State City & State				4. FEI Number 59-1362451		Applied For Not Applicable		
Zip Country	Zip	Country			of Status Desire		\$8.75 Add	litional	
6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne				
			ne						
BUCHANAN, REX 3885 OAKWATER CIRCLE, STE 2 ORLANDO, FL 32806		Stre	et Address ((P.O. Box Numb	er is Not Accepta	able)			
ONDANDO, PE 32000		- 8%							
		City	/			FL	Zip Cod	e .	
SIGNATURE Signature, typed or printed name of registered agent FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Camp		\$5	.00 May Be		DATE			
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO (OFFICERS AND	DIRECTOR	S IN 11	
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CITY-ST-ZIP ORLANDO, FL 32806		CITY-ST-ZIP	. ~ ~	or lar	rdo, F	1.328	صرن		
TITLE T NAME BAKER, ROBERT	☐ Delete	TITLE		FAT	_l ' _		· 🔲 Change.	Addition	
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CITY-ST-ZIP ORLANDO, FL 32806		CITY-ST-ZIP		3882	lando	F1. 3	280	<u>لـ ط</u>	
TITLE D	☐ Defete	TITLE	F	AT	-a 0	· and	☐ Change	Addition	
NAME COHEN, JEFFREY STREET ADDRESS 3885 OAKWATER CIR		NAME STREET ADDI	aree L		ro Di a Lwa	Tere	irche	į	
CITY-ST-ZIP ORLANDO, FL 32806		CITY-ST-ZIP		38650	nddi		800	.	
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I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee emphanged, or on an attachment with an address SIGNATURE:	h this films does not qualify it is true and accurate and that lowered to execute this retor with all other like empowered	or the exemption my signature slint as required by d.	n stated in Se hall have the y Chapter 60	ection 119.07(3) same legal effe 7, Florida Statuti				nformation or director Block 11 if	