


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 603167</b> 1. Entity Name INTERNAL MEDICINE SPECIALISTS, INC.	
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Principal Place of Business 3885 OAKWATER CIRCLE ORLANDO, FL 32806	Mailing Address 3885 OAKWATER CIRCLE ORLANDO, FL 32806
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04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1362451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY  
3885 OAK WATER CIR  
ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

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, 2007 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	SAT FEUER, KENNETH 3885 OAKWATER CRCL. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOTT, LIONEL 3885 OAKWATER CR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP WILLIAMS, MARK 3885 OAK WATER CR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP MADAN, ARVIND 3885 OAK WATER CR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806

U00000711784  
04/26/07-80021-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 4/11/07 DAYTIME PHONE # \_\_\_\_\_