


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90054 010 \*\*\*150.00

<b>DOCUMENT # 603167</b> 1. Entity Name <b>INTERNAL MEDICINE SPECIALISTS, INC.</b>	
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Principal Place of Business <b>3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>	Mailing Address <b>3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01162008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  COHEN, JEFFREY 3885 OAK WATER CIR ORLANDO, FL 32806	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>59-1362451</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SAT	TITLE	Fourth Asst. secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEUER, KENNETH	NAME	Bhaskar, Sudhir
STREET ADDRESS	3885 OAKWATER CRCL.	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, FL 32806
TITLE	T	TITLE	Second Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINT, STEVEN	NAME	Dumois, Richard
STREET ADDRESS	3885 OAKWATER CRCL.	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	Orlando, FL 32806
TITLE	P	TITLE	Third Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, LIONEL	NAME	Delgado, Lazaro
STREET ADDRESS	3885 OAKWATER CR	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, FL 32806
TITLE	FVP	TITLE	Fourth Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARK	NAME	Feiner, Steven
STREET ADDRESS	3885 OAK WATER CR	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, FL 32806
TITLE	FVP	TITLE	Fifth Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADAN, ARVIND	NAME	Ahmed, Fawad
STREET ADDRESS	3885 OAK WATER CR	STREET ADDRESS	3885 Oakwater Circle
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	Orlando, FL 32806
TITLE	S	TITLE	Sixth Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, JEFFREY	NAME	Siddiqui, Mohammad
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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_ 2-1-08 407 851-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2008 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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

40050917

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

7. Name and Address of New Registered Agent

**COHEN, JEFFREY  
3885 OAK WATER CIR  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re/instating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing

**\$5.00 May Be  
Added to Fees.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAT FEUER, KENNETH 3885 OAKWATER CRCL. ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ABBOTT, LIONEL 3885 OAKWATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP WILLIAMS, MARK 3885 OAK WATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP MADAN, ARVIND 3885 OAK WATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP Larranaga Jorge 3885 oakwater circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP Aggarwal, Avanish 3885 Oakwater Circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP Bhargava, Amit 3885 Oakwater Circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FAS Prince, Timothy 3885 oakwater circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAS Abreu, Elpidio 3885 Oakwater Circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Third Asst. Secretary Mukherjee, Gopen 3885 Oakwater Circle Orlando, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08


Date

407-851-5600

Daytime Phone #

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**ATTACHMENT**

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT FEUER, KENNETH 3885 OAKWATER CRCL. ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fifth Asst. Secretary Vanderzalm, Glen 3885 Oakwater circle Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOTT, LIONEL 3885 OAKWATER CR 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	FVP WILLIAMS, MARK 3885 OAK WATER CR 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	FVP MADAN, ARVIND 3885 OAK WATER CR 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	S COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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