

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603167

FILED  
Apr 01, 2009  
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:**

COHEN, JEFFREY  
3885 OAK WATER CIR  
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: T ( ) Delete  
Name: BRINT, STEVEN  
Address: 3885 OAKWATER CRCL.  
City-St-Zip: ORLANDO, FL

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

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

Title: FVP ( ) Delete  
Name: MADAN, ARVIND  
Address: 3885 OAK WATER CR  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) 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 exemption stated 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 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

S

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

603167  
4-1-09

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
Apr 01, 2009  
Secretary of State

DOCUMENT# 603167

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:**

FBI Number: 59-1362451

FBI Number Applied For ( )

FBI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, JEFFREY  
3885 OAK WATER CIR  
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 ( ):**

**OFFICER: and directors**

Title: Fourth assistant Sec.  
Name: Sudhir Ghoskar MD  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

Title: Second Assistant Treasurer  
Name: Richard Dumois MD  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

Title: Third Assistant Treasurer  
Name: Lazaro Delgado MD  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

Title: Fourth assistant Treasurer  
Name: Steven Feiner DO  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

Title: Fifth assistant treasurer  
Name: Fawad Ahmed MD  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

Title: Sixth assistant Treasurer  
Name: Mohammad Siddiqui MD  
Address: 3885 Oakwater circle  
City-St-Zip: Orlando, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 607, 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

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2009  
Secretary of State**

DOCUMENT# 603167

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:**

FBI Number: 59-1362451

FBI Number Applied For ( )

FBI Number Not Applicable ( )

Certificate of Status Destroyed ( )

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

COHEN, JEFFREY  
3885 OAK WATER CIR  
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 ( )

**OFFICER: And Directors**

Title: TVP  
Name: Jorge Larranaga MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: SVP  
Name: Avnish Agarwal MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: FAS  
Name: Timothy Prince MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: FAS  
Name: Elpidio Abreu MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: FAS  
Name: Gopenu Mukherjee MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: FVP  
Name: Amit Bhargava MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 110, 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

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603167

FILED  
Apr 01, 2009  
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:**

COHEN, JEFFREY  
3885 OAK WATER CIR  
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: FAS  
Name: Gen Vander Zalm MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: SAS  
Name: Javed Syed MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title: SAS  
Name: Joaquin Rosario MD  
Address: 3885 Oakwater Circle  
City-St-Zip: Orlando, FL 32806

Title:  
Name:  
Address:  
City-St-Zip:

Title:  
Name:  
Address:  
City-St-Zip:

Title:  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 607, 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

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date