2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603167

FILED Apr 01, 2009 Secretary of State

Entity Name: INTERNAL MEDICINE SPECIALISTS, INC.

		New Principal Place of Business:
	KWATER CIRCLE O, FL 32806	
urrent N	Mailing Address:	New Mailing Address:
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	KWATER CIRCLE O, FL 32806	
l Numbe	r: 59-1362451 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
ame and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
885 OÁK	JEFFREY (WATER CIR O, FL 32806 US	
	e named entity submits this statement f te of Florida.	or the purpose of changing its registered office or registered agent, or both
GNATU		
	Electronic Signature of Register	red Agent Date
ction Ca	ampaign Financing Trust Fund Contribution (().
FICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
e: me: dress:	SAT () Delete FEUER, KENNETH 3885 OAKWATER CRCL.	Title: () Change () Addition Name: Address:
y-St-Zip:	ORLANDO, FL 32806	City-St-Zip:
y-St-Zip: e: me: dress: y-St-Zip:	T () Delete BRINT, STEVEN 3885 OAKWATER CRCL.	Title: () Change () Addition Name: Address: City-St-Zip:
e: me: dress: y-St-Zip: e: me: dress:	T () Delete BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL P () Delete ABBOTT, LIONEL 3885 OAKWATER CR	Title: () Change () Addition Name: Address:
e: me: dress:	T () Delete BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL P () Delete ABBOTT, LIONEL 3885 OAKWATER CR ORLANDO, FL 32806 FVP () Delete WILLIAMS, MARK 3885 OAK WATER CR	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	T () Delete BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL P () Delete ABBOTT, LIONEL 3885 OAKWATER CR ORLANDO, FL 32806 FVP () Delete WILLIAMS, MARK 3885 OAK WATER CR ORLANDO, FL 32806 FVP () Delete MADAN, ARVIND 3885 OAK WATER CR	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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

/ 	NAL BEDORT	EU CD	
2009 FOR PROFIT CORPORATION ANN	UAL REPORT	FILED Apr 01, 2009	
DOCUMENT# 603167	-	Secretary of State	
Entity Name: INTERNAL MEDICINE SPECIALISTS, INC.	=		
Current Principal Place of Business:	New Principal Place of Business:		
3885 OAKWATER CIRCLE ORLANDO, FL. 32806	<u>=</u>	~.	
Current Mailing Address:	New Mailing Address:		
3885 OAKWATER CIRCLE ORLANDO, FL 32806			
FEI Number: 59-1382451 FEI Number Applied For () FEI Nu	ımber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
COHEN, JEFFREY 3885 OAK WATER CIR ORLANDO, FL 32806 US	=- 		
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered	office or registered agent, or both,	
SIGNATURE;	<u> </u>		
Electronic Signature of Registered Agent	. =	Date	
Election Campaign Financing Trust Fund Contribution ().		·	
OFFICER! And pirectors			
THE Fourth assistant Sec.	.—-		
Name: Sudhir Ghaskar MD Address: 3885 Off Kylater Circle City-Stzlp: Orlando, El. 32806			
776: Second Assistant Treaturer Nomes: Richard Dumpis MD Otherston 3885 Opkyonter circle	•		
pr14000 F1.32806	· -		
Name: Lazaro pelaado ma	_		
Address: 3 \$ 5 Qak water cirele	-		
Title: Fourth assistant Treasur Address: Steven Feiner DO	tr		

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

Title:

Title:
Name:

SITH ASSISTANT TRADUCTOR

Address:
City-st-Zip:

Thereby certify that the information supplied with this filling closes not quarry for the exemption stated in chapter 1 for 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. above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY COHEN

04/01/2009 Date

Electronic Signature of Signing Officer or Director

DOCUMENT# 603167	ANNOAL REPORT	Apr 01, 2009 Secretary of State		
Entity Name: INTERNAL MEDICINE SPECIALISTS,	INC.			
The state of the s	ੜ	•		
Current Principal Place of Business:	New Principal Place	New Principal Place of Business:		
3885 OAKWATER CIRCLE	4			
ORLANDO, FL 32806		•		
Current Mailing Address:	New Mailing Address	New Mailing Address:		
3885 OAKWATER CIRCLE ORLANDO, FL 32808	<u>≈-</u> -*- <u>-</u>	_		
·				
FEI Number: 59-1362451 FEI Number Applied For ()	FEI Number Not Applicable ()	Cartificate of Status Desired ()		
Name and Address of Current Registered Agent:	Name and Address o	f New Registered Agent:		
COHEN, JEFFREY 3885 OAK WATER CIR				
ORLANDO, FL 32806 US	· ·			
The above named entity submits this statement for the	nurpose of changing its registers	d office or registered agent, or both		
in the State of Florida.	— —	a omico or rogicioree agont, or both,		
SIGNATURE,				
Electronic Signature of Registered As	gent	Date		
Election Campaign Financing Trust Fund Contribution ().				
OFFICER: And Directors				
Title: TYP Larrange mo				
Address: 3885 Oakwater tire	ر <i>ا</i> د			
Title: 51/2 Ndo, F1. 3280 5				
Name: Avanish aggarwal r	n.A			
City-St-Zip: 3885 Galcutter Circ	آئق			
Title: £45	-			
Name: Address: Twoothy Prince m.	ما ا			
06/10/06/06 FL 32001	αι <u>_</u> _			
Title: SAS 0	S			
Address: Elpixio Horeu In	m/4			
Title: ONANTO, A. 328	06			
Name: TAS	- mn			
Address 60 per Multicrite City-St-Zip: 3885 Dakwater C	ice to			
Tille: Orlando, A 32	808			
Address: Am + Bhn. Com	mn -			
City-st-Zip: 388 5 Dak Water	tirelt.			
I hereby certify that the information supplied with this til	ing does por quantitor to averen	Elitate account in the		

04/01/2009 S Electronic Signature of Signing Officer or Director Date

I hereby certify that the information stipalised with this filling coes non-quality for the exemplost season in original 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

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Entity Name: INTERNAL MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

New Principal Place of Business:

3885 OAKWATER CIRCLE ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

3885 OAKWATER CIRCLE ORLANDO, FL 32806

FEI Number: 59-1362451

3<u>--</u>

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHEN, JEFFREY 3885 OAK WATER CIR ORLANDO, FL 32806 US

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

FEI Number Applied For ()

Date

Election Campaign Financing Trust Fund Contribution ().

officers and pirectors

Title: FAS Vander Zalm MD

Address: 3885 Oakwater Circle

City-St-Zip: Orleand F1 32806

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

Towed syed MD 3885, parturator circle

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

Tod quin ROSArio MD 3885 gar water circle

Name: Address: City-St-Zip;

Title:

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

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

SIGNATURE: JEFFREY COHEN

04/01/2009 Date

Electronic Signature of Signing Officer or Director