

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103014

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: SOUTHWEST INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

1708 CAPE CORAL PKWY W  
4  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

1708 CAPE CORAL PKWY W  
4  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: 55-0799282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VO, TRACY  
1708 CAPE CORAL PKWY W  
4  
CAPE CORAL, FL 33914 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VO, TRACY  
Address: 4202 S.W. 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: P  
Name: VO, TRACY  
Address: 4202 S.W. 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T  
Name: VO, TRACY  
Address: 4202 S.W. 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S  
Name: VO, TRACY  
Address: 4202 S.W. 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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 all other like empowered.

SIGNATURE: TRACY VO

P

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date