


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90023 006 ***150.00

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1. Entity Name
INTERNAL MEDICINE & PEDIATRICS OF TAMPA BAY, P.A.



Principal Place of Business
100 SOUTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602

Mailing Address
100 SOUTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602

54034046



2. Principal Place of Business
10840 Sheldon Rd.
 Suite, Apt. #, etc.
Suite A

3. Mailing Address
10840 Sheldon Rd.
 Suite, Apt. #, etc.
Suite A

04012004 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33626

Country
USA

Zip
33626

Country
USA

4. FEI Number
47-0917793

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KALISH, WILLIAM ESQ
100 SOUTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 *M. Bilal* **Int. Medicine & Pediatrics of Tampa Bay** DATE **4/15/04**

Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMERY, FRANK MD	
STREET ADDRESS	480 ITASCA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILELLA, MARK MD	
STREET ADDRESS	4005 WESTSHORE BLVD #1410	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Name spelled wrong!</i>	
STREET ADDRESS	<i>Address wrong!</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bilella, Mark</i>	
STREET ADDRESS	<i>7012 Bonaventure Drive</i>	
CITY-ST-ZIP	<i>Tampa FL 33607</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. Bilal* DATE **4/15/04** DAYTIME PHONE # **(813) 792-1113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Int. Medicine & Pediatrics of Tampa Bay