

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048076

FILED
Jan 06, 2005
Secretary of State

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

Current Principal Place of Business:

10840 SHELDON RD.
STE. A
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10840 SHELDON RD.
STE. A
TAMPA, FL 33626

New Mailing Address:

FEI Number: 47-0917793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ
100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602 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: D () Delete
Name: DEMERY, FRANK MD
Address: 480 ITASCA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: BILELLA, MARK
Address: 7012 BONAVENTURE DR.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BILELLA, MARK
Address: 7012 BONAVENTURE DR.
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK DEMERY

D

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date