

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048076

FILED  
Apr 29, 2009  
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:**

P.O. BOX 260127  
TAMPA, FL 33626 US

**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:**

OLSON & BEARDEN, P.A. .  
200 N PIERCE ST 4 FLOOR  
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: DR. ( ) Delete  
Name: DEMERY, FRANK  
Address: 480 ITASCA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: DR. ( ) Delete  
Name: BILELLA, MARK  
Address: 12903 FRAMINGHAM COURT  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARK BILELLA, M.D.

PRES

04/29/2009

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

\_\_\_\_\_ Date