2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086472

1. Entity Name

INTERNAL MEDICINE SPECIALTY ASSOCIATES, P.A.

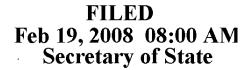


Principal Place of Business

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

Mailing Address

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021





DO NOT WRITE IN THIS SPACE

02132008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5124006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, CHARLES B 3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Register)	ed Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE. CHARLES B 3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021				
NAME STREET ADDRESS CITY-ST-ZIP				02/27/08-80067-001 158.	75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	1	NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
IITLE NAME					

12. I hereby certify that the information supplied with this filling does per gualty for me exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accusive 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 his 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 empoyalred.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/08

954 941 7070

Daytime Phone #