

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90182 001 \*\*\*150.00

**DOCUMENT # P96000014988**

1. Entity Name  
**HOSPITAL INTERNAL MEDICINE, P.A.**

Principal Place of Business 1510 N.W. 107TH TERRACE GAINESVILLE FL 32605 US	Mailing Address 1510 N.W. 107TH TERRACE GAINESVILLE FL 32606-5445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **59-3380987** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**DOWNEY, KEVIN I**  
**2631 N.W. 41ST ST.**  
**SUITE A-2**  
**GAINESVILLE FL 32606**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, CHARLES S M.D.</b> <b>510 N.W. 107TH TERR.</b> <b>GAINESVILLE FL 32605</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Wilson, Charles S., MD</b> <b>1510 NW 107th Terrace</b> <b>Gainesville, FL 32606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Nelson, III, John R., MD</b> <b>4603 SW 83rd Drive</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Piercefield, Dayne D., MD</b> <b>4312 SW 105th Drive</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Kaye, Kimberly, MD</b> <b>5143 SW 103rd Way</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Akey, Angeli M., MD</b> <b>8108 SW 10th Place</b> <b>Gainesville, FL 32607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kverneland, Jr., Knut, MD</b> <b>1711 NW 66th Terrace</b> <b>Gainesville, FL 32605</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Knut Kverneland* Date: 2/25/00 Daytime Phone #: 352 339 0946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

96000014988

Attachment  
00030900

**2000 UNIFORM BUSINESS REPORT (UBR)**

**HOSPITAL INTERNAL MEDICINE, PA**

**Box 12, Page 2**

Title: T Addition

Name: Figg, Steven C., MD  
Street Address: 2263 NW 41st Place  
City - St- Zip: Gainesville, FL 32605