

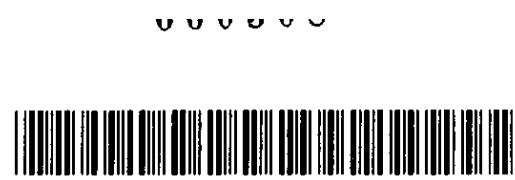
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 043 ***150.00

DOCUMENT # P96000014988

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1510 N.W. 107TH TERRACE **1510 N.W. 107TH TERRACE**
GAINESVILLE FL 32605 **GAINESVILLE FL 32605**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

FILE NOW!!
After MAY 1, 2001
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	P	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES S M.D.	
STREET ADDRESS	1510 NW 107TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, JOHN R III M.D	
STREET ADDRESS	4603 SW 83RD DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIERCEFIELD, DAYNE D MD	
STREET ADDRESS	4312 SW 105TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAYE, KIMBERLY MD	
STREET ADDRESS	5143 SW 103RD WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AKEY, ANGELI M MD	
STREET ADDRESS	8108 SW 10TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	KVERNELAND, KNUT JR MD	
STREET ADDRESS	1711 NW 66TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

12. 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 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		
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		

See attached

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE:** **3-5-01** **DAYTIME PHONE #:** **(352) 371-9054**

CR2E034 (10/00)

Attachment

660308

Doc# P96000014988

Written Consent of
the Shareholders and Directors
of

Hospital Internal Medicine, P.A.

Pursuant to the Florida Statutes, the undersigned, being all of the Directors and all of the Shareholders of **Hospital Internal Medicine, P.A.**, a Florida professional service corporation located at 1510 N.W. 107th Terrace, Gainesville, in Alachua County, Florida, hereby take and adopt the following actions by written consent of the Shareholders and Directors, effective January 1, 2000.

Resolved, that the Shareholders elect the following persons as Board of Directors:

Charles Steven Wilson, M.D.	Steven Clifford Figg, M.D.
John Raymond Nelson, III, M.D.	Knut Kverneland, Jr., M.D.

Resolved, that the Board of Directors elect the following officers of the Corporation, to serve in such capacities until their successors are elected at the next annual meeting of the Board of Directors and qualify:

President	Charles Steven Wilson, M.D.
Vice President	John Raymond Nelson, III, M.D.
Vice President	Dayne Douglas Piercefield, M.D.
Vice President	Kimberly Kaye, M.D.
Vice President	Angeli Maun Akey, M.D.
Secretary	Knut Kverneland, Jr., M.D.
Treasurer	Steven Clifford Figg, M.D.

Each of the officers so elected has accepted their respective offices.

Resolved, that all other actions taken by the Officers and Directors of the Corporation since the last entry in the Corporate minute book are ratified and approved in all respects.

By: Charles Wilson
Charles Steven Wilson, M.D.

Date: 1/19/00

By: Steven Figg
Steven Clifford Figg, M.D.

Date: 1/20/00

By: John Nelson
John Raymond Nelson, III, M.D.

Date: 1/24/00

By: Knut Kverneland
Knut Kverneland, Jr., M.D.

Date: 1/19/00