

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0063253 AV

**DOCUMENT # P96000014988**

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

03-13-2002 90059 031 \*\*\*150.00

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

Mailing Address  
**1510 N.W. 107TH TERRACE**  
**GAINESVILLE FL 32605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, CHARLES S M.D.</b> <b>1510 NW 107TH TERRACE</b> <b>GAINESVILLE FL 32606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steven Figg</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2263 NW 41st Place</b> <b>Gainesville, FL 32605-1756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NELSON, JOHN R III M.D</b> <b>4603 SW 83RD DRIVE</b> <b>GAINESVILLE FL 32606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Calixto Zaldivar</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9804 NW 54 Place</b> <b>Gainesville, FL 32653-2843</b>
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KVERNELAND, KNUT JR MD</b> <b>1711 NW 66TH TERRACE</b> <b>GAINESVILLE FL 32605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **2/27/02** **352339-0946**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)