

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90080 043 \*\*\*150.00

**44025657**



<b>DOCUMENT # P96000014988</b>					
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 32605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3380987				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOWNEY, KEVIN I 2631 N.W. 41ST ST. SUITE B GAINESVILLE, FL 32606			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	ANN WEBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHARLES S M.D.		NAME	3250 NW 37 STREET	
STREET ADDRESS	1510 NW 107TH TERRACE		STREET ADDRESS	GAINESVILLE FL 32605	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	George Cockey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGG, STEVEN		NAME	8847 SW 12 ROAD	
STREET ADDRESS	2263 NW 41ST PLACE		STREET ADDRESS	GAINESVILLE FL 32607	
CITY-ST-ZIP	GAINESVILLE, FL 326051756		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCEFIELD, DAYNE D MD		NAME		
STREET ADDRESS	4312 SW 105TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALDIVAR, CALIXTO		NAME		
STREET ADDRESS	9804 NW 54 PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326532843		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KVERNELAND, KNUT JR MD		NAME		
STREET ADDRESS	1711 NW 66TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKEY, MD, ANGELI M		NAME		
STREET ADDRESS	8108 SW 10TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ann Weber MD</i>			Date: <i>4/8/04</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					