


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 031 ***150.00

DOCUMENT # P96000014988 1. Entity Name HOSPITAL INTERNAL MEDICINE, P.A.	
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Principal Place of Business 1510 N.W. 107TH TERRACE GAINESVILLE, FL 32605 US	Mailing Address 1510 N.W. 107TH TERRACE GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

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

DOWNEY, KEVIN I
2631 N.W. 41ST ST.
SUITE B
GAINESVILLE, FL 32606

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, CHARLES S M.D. 1510 NW 107TH TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGG, STEVEN 2263 NW 41ST PLACE GAINESVILLE, FL 326051756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCEFIELD, DAYNE D MD 4312 SW 105TH DRIVE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZALDIVAR, CALIXTO 9804 NW 54 PLACE GAINESVILLE, FL 326532843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KVERNELAND, KNUT JR MD 1711 NW 66TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBBER, ANN 3250 NW 37 STREET GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/17/05 352-373-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Name

ATTACHMENT

40036020

P96000014988

HOSPITAL INTERNAL MEDICINE, P.A.
1510 N.W. 107 TERRACE
GAINESVILLE, FL 32605

59-3380987

GEORGE H. COCKEY
8847 SW 12th ROAD
GAINESVILLE, FL 32607