


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90014 049 \*\*\*150.00


<b>DOCUMENT # P96000014988</b> 1. Entity Name <b>HOSPITAL INTERNAL MEDICINE, P.A.</b>	
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Principal Place of Business <b>1510 N.W. 107TH TERRACE</b> <b>GAINESVILLE, FL 32605 US</b>	Mailing Address <b>1510 N.W. 107TH TERRACE</b> <b>GAINESVILLE, FL 32605</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite: Apt. #, etc.	Suite: Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01082007 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>DOWNEY, KEVIN I</b> <b>2631 N.W. 41ST ST.</b> <b>SUITE B</b> <b>GAINESVILLE, FL 32606</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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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</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WILSON, CHARLES S M.D.	TITLE	D Stefanie B. Lord, MD
NAME	1510 NW 107TH TERRACE	NAME	10407 SW 41 Place
STREET ADDRESS	GAINESVILLE, FL 32606	STREET ADDRESS	Gainesville, FL 32608
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP FIGG, STEVEN	TITLE	D Thomas H. Reif, MD
NAME	2263 NW 41ST PLACE	NAME	9819 NW 8 Avenue
STREET ADDRESS	GAINESVILLE, FL 326051756	STREET ADDRESS	Gainesville, FL 32606
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP PIERCEFIELD, DAYNE D MD	TITLE	
NAME	4312 SW 105TH DRIVE	NAME	
STREET ADDRESS	GAINESVILLE, FL 32608	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP ZALDIVAR, CALIXTO	TITLE	
NAME	9804 NW 54 PLACE	NAME	
STREET ADDRESS	GAINESVILLE, FL 326532843	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S KVERNELAND, KNUT JR MD	TITLE	
NAME	1711 NW 66TH TERRACE	NAME	
STREET ADDRESS	GAINESVILLE, FL 32605	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP WEBBER, ANN	TITLE	
NAME	3250 NW 37 STREET	NAME	
STREET ADDRESS	GAINESVILLE, FL 32605	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dayne D. Piercefield MD      3-20-07      352-215-8014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #