

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014988

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: HOSPITAL INTERNAL MEDICINE, P.A.

## Current Principal Place of Business:

1510 N.W. 107TH TERRACE  
GAINESVILLE, FL 32605 US

## New Principal Place of Business:

## Current Mailing Address:

1510 N.W. 107TH TERRACE  
GAINESVILLE, FL 32605

## New Mailing Address:

FEI Number: 59-3380987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, CHARLES S M.D.  
Address: 1510 NW 107TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Delete  
Name: FIGG, STEVEN  
Address: 2263 NW 41ST PLACE  
City-St-Zip: GAINESVILLE, FL 326051756

Title: D ( ) Delete  
Name: COCKEY, GEORGE H  
Address: 8847 SW 12TH ROAD  
City-St-Zip: GAINESVILLE, FL 326074961

Title: VP ( ) Delete  
Name: ZALDIVAR, CALIXTO  
Address: 9804 NW 54 PLACE  
City-St-Zip: GAINESVILLE, FL 326532843

Title: S ( ) Delete  
Name: KVERNELAND, KNUT JR MD  
Address: 1711 NW 66TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: LORD, STEFANIE B  
Address: 10407 SW 41 PLACE  
City-St-Zip: GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REIF, THOMAS H  
Address: 3144 LONGLEAF RANCH CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WILSON

Electronic Signature of Signing Officer or Director

PRES

02/16/2009

Date