

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 11, 2009
Secretary of State**

DOCUMENT# P96000014988

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

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: VP () Delete
Name: BAZIKIAN, YVETTE
Address: 2631-A NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

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: VP (X) Change () Addition
Name: BAZIKIAN, YVETTE
Address: 5400 NW 39TH AVENUE, #D137
City-St-Zip: GAINESVILLE, FL 32606

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 S. WILSON, M.D.

P

12/11/2009

Electronic Signature of Signing Officer or Director

Date

Doc# P960000.14988 File Date: 12/11/09

KEVIN I. DOWNEY

ATTORNEY AT LAW

2631 N.W. 41st STREET, SUITE B-2
GAINESVILLE, FLORIDA 32606

(352) 373 - 4554
Fax: (352) 338-1229

December 11, 2009

Ms. Tina Cauley
Florida Department of State
Division of Corporations

Via Electronic Mail Only
(tdcauley@dos.state.fl.us)

Re: Hospital Internal Medicine, P.A.
Document Number: P96000014988
Amended Annual Report

Dear Tina:

As we discussed this morning, I today amended the annual report for my client, Hospital Internal Medicine, P.A. (Document #: P96000014988) to add the following two (2) directors/officers:

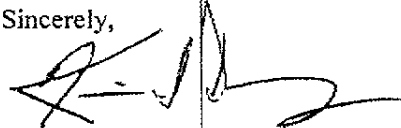
<u>Name</u>	<u>Title</u>	<u>Address</u>
Divya Goindwani, M.D.	VP	1105 Ft. Clarke Blvd., #1406 Gainesville, FL 32606
Abhinav Prasad, M.D.	VP	13200 W. Newberry Road, #5103 Newberry, FL 32669

Please scan and attach this information to the corporation's profile on www.sunbiz.org.

Otherwise, please contact my office with any questions, comments or concerns with this filing, or to discuss this request in more detail.

Thank you.

Sincerely,


Kevin I. Downey

Attachment:

xc: HIM, PA
P. Evans
T. Bryant