

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90120 032 ***150.00

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DOCUMENT # P96000014988

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3380987**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOWNEY, KEVIN I
2631 N.W. 41ST ST.
~~SUITE A 2~~
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite B
City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES S M.D.	
STREET ADDRESS	1510 NW 107TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIGG, STEVEN	
STREET ADDRESS	2263 NW 41ST PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605-1756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIERCEFIELD, DAYNE D MD	
STREET ADDRESS	4312 SW 105TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZALDIVAR, CALIXTO	
STREET ADDRESS	9804 NW 54 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653-2843	
TITLE	S	<input type="checkbox"/> Delete
NAME	KVERNELAND, KNUT JR MD	
STREET ADDRESS	1711 NW 66TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME	<i>C Wilson M.D.</i>	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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: *C Wilson M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03
Date

Daytime Phone #

CR2E034 (10/02)

Attachment#

Hospital Internal Medicine, P.A.

2003 UBR

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P960000614988

Officers and Directors

Title: P
Name: Charles S. Wilson, MD
Street Address: 1510 NW 107th Terrace
City-St-Zip: Gainesville, FL 32606

Title: S
Name: Knut Kverneland, Jr., MD
Street Address: 1711 NW 66th Terrace
City-St-Zip: Gainesville, FL 32605

Title: T
Name: Steven Figg, MD
Street Address: 2801 NW 21st Avenue
City-St-Zip: Gainesville, FL-32605

Title: VP
Name: Dayne D. Piercefield, MD
Street Address: 4312 SW 105th Drive
City-St-Zip: Gainesville, FL 32608

Title: VP
Name: Calixto Zaldivar, MD
Street Address: 9804 NW 54th Place
City-St-Zip: Gainesville, FL 32653-2843

Title: VP
Name: Angeli M. Akey, MD
Street Address: 8108 SW 10th Place
City-St-Zip: Gainesville, FL 32607

Title: VP
Name: Ann T. Weber, MD
Street Address: 3250 NW 37th Street
City-St-Zip: Gainesville, FL 32605