2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # H24270

1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF ST. JOHNS COUNTY, P.A.

Principal Place of Business	Mailing Address
16 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086-5299 US	16 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086-5299 US

DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2449088

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROZAS, JOSEPH R., M.D.
16 ST JOHNS MEDICA PARK DR
ST. AUGUSTINE, FL 32086

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

000000590101
01/18/07-80043-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROZAS, JOSEPH R., MD
STREET ADDRESS	16 ST JOHNS MEDICAL PARK DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	ST
NAME	CARAMES, ERNEST J
STREET ADDRESS	16 ST. JOHNS MEDICAL PARK DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 320865299
TITLE	D
NAME	FRADY, WALTER B
STREET ADDRESS	16 ST JOHNS MEDICAL PARK DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	DELAMERENS, GOAR
STREET ADDRESS	16 ST JOHNS MEDICAL PARK DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #