

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603167

FILED
Apr 14, 2016
Secretary of State
CC8857321519

Entity Name: INTERNAL MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

Current Mailing Address:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

FEI Number: 59-1362451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGGARWAL, AVANISH
3885 OAKWATER CIR
ORLANDO, FL 32806 US

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

Officer/Director Detail :

Title T
Name FEUER, KENNETH
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title S
Name BRINT, STEVEN
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title P
Name AGGARWAL, AVANISH
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title FAS
Name DUMOIS, RICHARD
Address 3885 OAK WATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title SAS
Name BHASKAR, SUDHIR
Address 3885 OAK WATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title FAT
Name VANDERZALM, GLEN
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title ASST. TREASURER
Name FEINER, STEVEN
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

I hereby 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 all other like empowered.

SIGNATURE: AVANISH AGGARWAL

P

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date