

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603167

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC9673266752**

**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**

**REGISTERED AGENT**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date