

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H24270

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

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC9805915901**

**Current Principal Place of Business:**

16 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 32086-5299

**Current Mailing Address:**

16 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 32086-5299 US

**FEI Number: 59-2449088**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROZAS, JOSEPH R., M.D.  
16 ST JOHNS MEDICA PARK DR  
ST. AUGUSTINE, FL 32086 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	P	Title	ST
Name	ROZAS, JOSEPH R., MD	Name	CARAMES, ERNEST J
Address	16 ST JOHNS MEDICAL PARK DR	Address	16 ST. JOHNS MEDICAL PARK DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32086	City-State-Zip:	ST. AUGUSTINE FL 32086-5299

*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: JOSEPH R. ROZAS**

**PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_  
Date