## **2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H24270

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

P.A.

FILED Feb 06, 2015 Secretary of State CC0040253808

## **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

Title D

Name FRADY, WALTER B

Address 16 ST JOHNS MEDICAL PARK DR City-State-Zip: SAINT AUGUSTINE FL 32086

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, MD

**PRESIDENT** 

02/06/2015