

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061236

Entity Name: PARTNERS OF INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181

Current Mailing Address:

12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181 US

FEI Number: 65-1021921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ-BARCELO, MANUEL A
12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181 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 PD
Name SUAREZ-BARCELO, MANUEL A
Address 12550 BISCAYNE BLVD #226
City-State-Zip: NORTH MIAMI FL 33181

Title V
Name ROCHA-SUAREZ, YELITZA
Address 12550 BISCAYNE BLVD #226
City-State-Zip: NORTH MIAMI FL 33181

Title T
Name HANCOCK, JAMES CHARLES
Address 12550 BISCAYNE BLVD #226
City-State-Zip: NORTH MIAMI FL 33181

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: YELITZA ROCHA-SUAREZ

ADMINISTRATOR

01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date