

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000048076

**Entity Name:** INTERNAL MEDICINE & PEDIATRICS OF TAMPA BAY, P.A.

**Current Principal Place of Business:**

10111 WILSKY BLVD.  
TAMPA, FL 33625

**Current Mailing Address:**

P.O. BOX 260127  
TAMPA, FL 33685 US

**FEI Number: 47-0917793**

**Certificate of Status Desired: Yes**

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

OLSON & BEARDEN, P.A. .  
200 N PIERCE ST 4 FLOOR  
TAMPA, FL 33602 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 DR.  
Name DEMERY, FRANK  
Address 480 ITASCA AVENUE  
City-State-Zip: TAMPA FL 33606

Title DR.  
Name BILELLA, MARK  
Address 12903 FRAMINGHAM COURT  
City-State-Zip: TAMPA FL 33626

*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: MARK BILELLA**

**DOCTOR / MANAGER**

**04/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date