#### 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: CHARLES B STONE PRESIDENT

City-State-Zip: HOLLYWOOD FL 33021

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. 02/04/2021

SIGNATURE: CHARLES B STONE

Electronic Signature of Registered Agent

## Officer/Director Detail ·

Officer/Director Detail :	
Title	DR
Name	STONE, CHARLES B
Address	3700 WASHINGTON ST STE 305

Address

Electronic Signature of Signing Officer/Director Detail

## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P06000086472

## Entity Name: INTERNAL MEDICINE SPECIALTY ASSOCIATES, P.A.

## **Current Principal Place of Business:**

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

### **Current Mailing Address:**

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

### FEI Number: 20-5124006

# Name and Address of Current Registered Agent:

STONE, CHARLES B 3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021 US FILED

Certificate of Status Desired: Yes

Date

02/04/2021 Date