

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000101358

Entity Name: THOMAS INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

15035 NE HIGHWAY 315
FORT MCCOY, FL 32134

Current Mailing Address:

P. O. BOX 479
FORT MCCOY, FL 32134 US

FEI Number: 46-3691058

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, GREYSON C M.D.
15035 NE HIGHWAY 315
P. O. BOX 479
FT. MCCOY, FL 32134 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 PTSD
Name THOMAS, GREYSON C
Address 15035 NE HIGHWAY 315
P. O. BOX 479
City-State-Zip: FORT MCCOY FL 32134

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: GREYSON C. THOMAS

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date