

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000070885

**Entity Name:** FAMILY & INTERNAL MEDICINE CENTER, P.A.

**Current Principal Place of Business:**

11183 S. ORANGE BLOSSOM TR  
STE A  
ORLANDO, FL 32837

**Current Mailing Address:**

11183 S. ORANGE BLOSSOM TR  
STE A  
ORLANDO, FL 32837

**FEI Number:** 59-3275110

**Certificate of Status Desired:** No

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

QURESHI, TAHIRA  
11183 S. ORANGE BLOSSOM TR  
STE A  
ORLANDO, FL 32837 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:** QURESHI TAHIRA

04/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            QURESHI, TAHIRA  
Address        11183 S. ORANGE BLOSSOM TR  
                  STE A  
City-State-Zip: ORLANDO FL 32837

Title            SECRETARY  
Name            QURESHI, MARVI  
Address        11183 S. ORANGE BLOSSOM TR  
                  STE A  
City-State-Zip: ORLANDO FL 32837

Title            VP  
Name            QURESHI, MANSOOR  
Address        11183 S. ORANGE BLOSSOM TR  
                  STE A  
City-State-Zip: ORLANDO FL 32837

*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:** QURESHI,TAHIRA

**PRESIDENT**

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date