

2015 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, IMTIAZ
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name QURESHI, DR. IMTIAZ
Address 11183 S. ORANGE BLOSSOM TR
City-State-Zip: ORLANDO FL 32837

Title VP
Name QURESHI, TAHIRA
Address 8767 SOUTHERN BREEZE DRIVE
City-State-Zip: ORLANDO FL 32836

Title SECRETARY
Name QURESHI, MARVI
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 , DR. IMTIAZ

PRESIDENT

03/22/2015

Electronic Signature of Signing Officer/Director Detail

Date