

**2013 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

*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:** TAHIRA QURESHI

V.PRESIDENT

04/21/2013

Electronic Signature of Signing Officer/Director Detail

Date