

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070885

Entity Name: FAMILY & INTERNAL MEDICINE CENTER, P.A.**Current Principal Place of Business:**11183 S. ORANGE BLOSSON TR
STE A
ORLANDO, FL 32837**Current Mailing Address:**11183 S. ORANGE BLOSSON 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 BLOSSON 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

04/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	VP
Name	QURESHI, IMTIAZ
Address	11183 S. ORANGE BLOSSON 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

04/09/2023

Electronic Signature of Signing Officer/Director Detail

Date