2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000014988

Entity Name: HOSPITAL INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

2631-A NW 41ST STREET

GAINESVILLE, FL 32606

Current Mailing Address:

2631 NW 41ST STREET

SUITE A

GAINESVILLE, FL 32606 US

FEI Number: 59-3380987 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLAN, TERANCE F. 14989 NW 149TH PLACE ALACHUA, FL 32615 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: TERANCE F. MILLAN 09/04/2020

Electronic Signature of Registered Agent

Date

FILED Sep 04, 2020

Secretary of State

9984315806CC

Officer/Director Detail:

Title VP Title VP

Name WILSON, CHARLES S Name FIGG, STEVEN

Address 1510 NW 107TH TERRACE Address 2801 NW 21 AVENUE

City-State-Zip: GAINESVILLE FL 32606 City-State-Zip: GAINESVILLE FL 32605

Title VP Title VP

NameCOCKEY, GEORGE HNameZALDIVAR, CALIXTOAddress8847 SW 12TH ROADAddress9804 NW 54 PLACE

City-State-Zip: GAINESVILLE FL 32607-4961 City-State-Zip: GAINESVILLE FL 32653-2843

Title VP Title VP

Name KVERNELAND, KNUT JR Name BAZIKIAN, YVETTE

Address 1711 NW 66TH TERRACE Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: GAINESVILLE FL 32605

Title TREASURER Title VP

Name BRASINGTON, ALLEN Name GADIKOTA, JAYA

Address 6500 WEST NEWBERRY ROAD Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: GAINESVILLE FL 32605

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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: TERANCE F. MILLAN PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DENT 09/04/2020

Date

Officer/Director Detail Continued:

Title VP

Name VANSLUYTMAN, GILLIAN

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name BRODSKY, HAL R

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name VENTURA, XENIA

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City-State-Zip: GAINESVILLE FL 32605

Title VP

Name CALESTINO, MATTHEW

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Title VP

Name DE SA, HANDEL

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Title VP

Name NASIR, IRFAN

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Title VP

Name GUPTA, ABHA

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Title VP

Name WILSON, JOSHUA

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Title VP

Name CALLAHAN, ANGELITA

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY

Name IRIZARRY, EFRAIN

Address 6500 WEST NEWBERRRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name CASTELLANOS, JAIMIE

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City-State-Zip: GAINESVILLE FL 32605

Title VP

Name ARORA, PULKIT

Address 6500 WEST NEWBERRY ROAD

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Title PRESIDENT

Name MILLAN , TERANCE F
Address 14989 NW 149TH PLACE
City-State-Zip: ALACHUA FL 32615

Title VP

Name SUN, LIANG

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name MONSOUR, CHRISTOPHER
Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name EDARA, PRIYANKA

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Title VP

Name BURT, REBECCA

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605

Title VP

Name PADAM, SRIPAL

Address 6500 WEST NEWBERRY ROAD

City-State-Zip: GAINESVILLE FL 32605