

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014988

FILED
Jan 11, 2015
Secretary of State
CC5017629173

Entity Name: HOSPITAL INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

1510 N.W. 107TH TERRACE
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:

WILSON, CHARLES S.
1510 N.W. 107TH TERRACE
GAINESVILLE, FL 32606 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: CHARLES S. WILSON

01/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILSON, CHARLES S
Address 1510 NW 107TH TERRACE
City-State-Zip: GAINESVILLE FL 32606

Title VP
Name FIGG, STEVEN
Address 2801 NW 21 AVENUE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name COCKEY, GEORGE H
Address 8847 SW 12TH ROAD
City-State-Zip: GAINESVILLE FL 32607-4961

Title VP
Name ZALDIVAR, CALIXTO
Address 9804 NW 54 PLACE
City-State-Zip: GAINESVILLE FL 32653-2843

Title S
Name KVERNELAND, KNUT JR
Address 1711 NW 66TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name BAZIKIAN, YVETTE
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name GOINDWANI, DIVYA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name BRASINGTON, ALLEN
Address 6500 WEST NEWBERRY ROAD
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: CHARLES S WILSON

PRESIDENT

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GADIKOTA, JAYA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name VANSLUYTMAN, GILLIAN
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name IRIZARRY, EFRAIN
Address 6500 WEST NEWBERRRY ROAD
City-State-Zip: GAINESVILLE FL 32605