

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000014988

**FILED**  
**Jun 24, 2014**  
**Secretary of State**  
**CC7889693323**

**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:**

DOWNEY, KEVIN I  
2631 N.W. 41ST ST.  
SUITE B  
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:**

\_\_\_\_\_  
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

P

06/24/2014

\_\_\_\_\_  
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 UY, CLARENCE N.  
Address 6500 WEST NEWBERRY ROAD  
City-State-Zip: GAINESVILLE FL 32605

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