

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014988

FILED
Jan 25, 2020
Secretary of State
6072920014CC

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

01/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
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 VP
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 VP
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 TREASURER
Name BRASINGTON, ALLEN
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name GADIKOTA, JAYA
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

VICE PRESIDENT

01/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title VP
Name DE SA, HANDEL
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

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

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

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

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