

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000020000

**Entity Name:** PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC.

**Current Principal Place of Business:**

7853 GUNN HWY #399  
TAMPA, FL 33626

**Current Mailing Address:**

7853 GUNN HWY #399  
TAMPA, FL 33626 US

**FEI Number:** 59-3390527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'ROURKE, JAMES R  
7853 GUNN HWY #399  
TAMPA, FL 33626 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 PD  
Name RUPIN, BANKER  
Address 7853 GUNN HWY #399  
City-State-Zip: TAMPA FL 33626

*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:** RUPIN , BANKER

PD

04/13/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date