FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 483421 (4)

1. Corporation Name

INTERNAL MEDICINE ASSOCIATES OF LEE COUNTY, M.D. , P.A.

Principal Place of Business	Mailing Address
3800 EVANS AVENUE FT. MYERS FL 33901	3800 EVANS AVENUE FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1975	3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1614118	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2675 Winkler Ave.	26 2675 Winkler Avenue
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / Country 24 33901 / 25 Lee	Zip / Country 29 33901 / 30 Lee

9. Name and Address of Current Registered Agent

GOLDBERG, HARVEY B
2201 MAIN STREET
FT. MYERS FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MESTAS, GEORGE M
STREET ADDRESS	3800 EVANS AVE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	VP
NAME	ZELLNER, STEPHEN R
STREET ADDRESS	3800 EVANS AVE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	T
NAME	MATHER, SERGIO
STREET ADDRESS	3800 EVANS AVE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	S
NAME	VERAJA, LINDA
STREET ADDRESS	3800 EVANS AVE.
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Mestas, George M. 2675 Winkler Ave., Suite 300 Fort Myers, FL 33901	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Zellner, Stephen R. 2675 Winkler Ave., Suite 300 Fort Myers, FL 33901	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Mather, Sergio 2675 Winkler Ave., Suite 300 Fort Myers, FL 33901	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Veraja, Linda 2675 Winkler Ave., Suite 300 Fort Myers, FL 33901	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, complete and accurate; that this electronic filing is being furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Stephen Zellner 3/7/95 813-936-1343
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0310841 CP