

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 014 ***150.00

40124087



07052007 Chg-P CR2E034 (12/06)

DOCUMENT # 483421 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF LEE COUNTY, M.D., P.A.					
Principal Place of Business 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 US			Mailing Address 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-1614118 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ZELLNER, STEPHEN R 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD MESTAS, JORGE M 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD ZELLNER, STEPHEN R 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD MATHER, SERGIO 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD VERAJA, LINDA 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD Hollace Leppert 1400 Colonial Blvd Unit 1 FT. MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

239-931-3440
Ext. 2543

ATTACHMENT H0124087
#483421

To Whom It May Concern,

On April 27, 2007, I went on your web-site and processed a fee to the Divisions of Corporation and paid by Visa for 2 of our corporations. One went through on the Visa but the other didn't. Here is a copy when I went on line. I tried to redo it on July 3rd, 2007 but your web-site was not working. I am mailing in a \$ 150.00 check, as I do not feel we should pay the penalty.

Thank You, Linda Sorensen

ATTACHMENT 40124087
.. of Corporations # 483421

Page 1 of 1

Annual Report

Payment Page

Document Tracking # - 000099251650

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Electronic Filing

Online Payment System

Please Confirm Billing Information

Transaction Amount: **\$150.00**

Email Address: **lsorensen@imadoctors.com**
Billing Name: **LINDA SORENSENINTERNAL MEDICINE ASSOC**
Billing Address: **1400 COLONIAL BLVD UNIT 1**
Billing City: **CAPE CORAL**
Billing State: **FL**
Billing Zip: **33907-**
Billing Phone Number: **2399313440 EXT 2543**

Payment Method: **Visa**
Credit Card Number: **5555 5555 5555 5555**
Credit Card Expiration Date: **02/2009**

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