


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 483421</b> 1. Entity Name <b>INTERNAL MEDICINE ASSOCIATES OF LEE COUNTY, M.D., P.A.</b>	
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Principal Place of Business <b>1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 US</b>	Mailing Address <b>1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1614118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ZELLNER, STEPHEN R  
1400 COLONIAL BLVD UNIT 1  
FT. MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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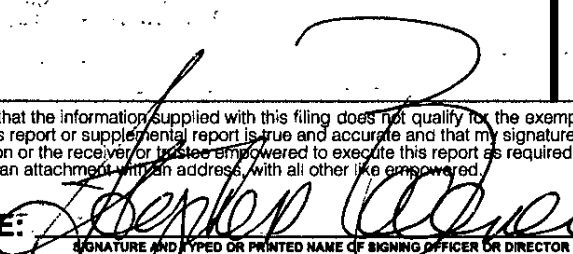
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESTAS, JORGE M 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZELLNER, STEPHEN R 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHER, SERGIO 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEPPERT, HOLLACE 1400 COLONIAL BLVD UNIT 1 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U4211/08-80054-016 150.00

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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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_