

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 511695

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** DAFFIN INTERNAL MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

746 HARRISON AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

746 HARRISON AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-1691065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAFFIN III, S.A.  
746 HARRISON AVE  
PANAMA CITY, FL 32401 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DAFFIN, S. A. III  
Address: 746 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401 US

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: SIDNEY A DAFFIN

DR.

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date