

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10f2

DOCUMENT # 574527

1. Entity Name

Internal Medicine Associates, P.A.
E. Alfonso, M.D.

FILED

02 JUN -7 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2873 South Delaney Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Fl.

City & State

4. FEI Number

59-1821904

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

E. Alfonso, M.D.

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

2873 South Delaney Ave.

City

Orlando

FL

Zip Code
32806

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
Alfonso, Emilio, M.D.
1019 Ridgecrest Road
Orlando, Fl. 32806

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100005363801--8
-06/25/02--01038--008
****150.00 ****150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 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 #

[Signature]

6/4/02

4078436756

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INTERNAL MEDICINE ASSOCIATES, P.A.
EMIL ALFONSO, M.D.
DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE

June 4, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: 2002 Uniform Business Report
Internal Medicine Associates, P.A.
Document #574527

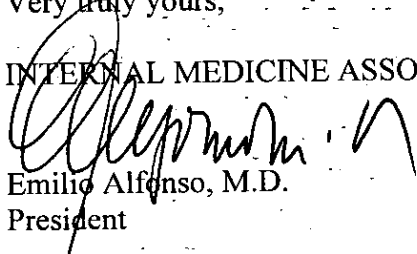
Gentlemen:

Please find enclosed our check in the amount of \$150.00 in payment of the annual fees for the above referenced report.

Since we did not receive the original form, we have used a blank generic form. We have never been late in filing, and we request the abatement of any late filing fees.

Very truly yours,

INTERNAL MEDICINE ASSOCIATES, P.A.


Emilio Alfonso, M.D.
President

Enclosure