1 of 2

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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	3. Mailing Address
2873 South Delaney Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State
Zip: 32806 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1821904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

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

100005369801--8
-06/25/02--01038--008
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

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: _____ 6/4/02 4078436756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

2873 SOUTH DELANEY AVENUE ORLANDO, FLORIDA 32806 TELEPHONE (407) 843-6756
FAX (407) 423-3414