


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 574527 1. Entity Name INTERNAL MEDICINE ASSOCIATES, P.A., E.ALFONSO, M.D. |  |
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|--|--|
| Principal Place of Business 2873 SOUTH DELANEY AVE ORLANDO, FL 32806 | Mailing Address 2873 SOUTH DELANEY AVE ORLANDO, FL 32806 |
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1821904 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent ALFONSO, E. MD. 2873 SOUTH DELANEY AVE ORLANDO, FL | <p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST ALFONSO, EMILIO MD. 1019 RIDGECREST RD ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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02/02/05-80131-020 150.00

DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered.

SIGNATURE:  1/31/05 4078438822

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