2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577612

1. Entity Name

Internal Medicine Consultants, P.A.

Principal Place of Business

Mailing Address

5265 Alhambra Drive Orlando, Fl. 32808-7205

5265 Alhambra Drive Orlando, Fl. 32808-7205

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90104 038 ***150.00

THERMOOF

Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1829191 Not Applied for Not A								
Cry & State	2. Principal Place of Business		3. Mailing Address					
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Exp Country Zip Country S, Certificate of Status Desired S8.75 Additional Replacement Registered Agent 7, Name and Address of New Registered Agent 7, Name and Agent 8, Name 7, Name 7, Name 7, Name 7	City & State		City & State					
Rafael J. Angulo, M.D. 5265 Alhambra Drive Orlando, Fl. 32808-7205 City FL Zip Cook	Zip	Country	Zip	Country		□ \$1	3.75 Add	litional
Size Alhambra Drive Orlando, Fl. 32808-7205 Size Address (P.O. Box Number is Not Acceptable) S	6. 1	Name and Address of Current F	Registered Agent		7. Name and Address of New	Registered Ag	ent	
Street Andress (PC. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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, special printed name or appartment and its purpose, of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, special printed name or appartment and elected on so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be	Pafaol I	Angulo M.D	Name	Name				
Orlando, F1. 32808-7205 City FL Zip Code		_		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its immangible Tax filling dequirement and elects to do so (See criteria on back) 9. This corporation is eligible to satisfy its immangible Tax filling dequirement and elects to do so (Make Check Payable to Department of State) 9. This corporation is eligible to satisfy its immangible Tax filling dequirement and elects to do so (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PST Angulo, Rafael J., M.D. IMME Angulo, Rafael J., M.D. IMME INTER ADDRESS OFFICERS AND DIRECTORS IN 11 THE ANGULO, Rafael J., M.D. IMME INTER ADDRESS OFFICERS AND DIRECTORS IN 11 THE CITY-ST-2P OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CITY-ST-2P OFFICERS OFFICERS AND DIRECTORS IN 11 THE CITY-ST-2P OFFICERS OFFICERS OFFICERS AND DIRECTORS IN 11 THE CITY-ST-2P OFFICERS OFFICERS OFFICERS OFFICERS AND DIRECTORS OFFICERS OFFI								
SIGNATURE 9. This corporation is eligible to satisfy its intemplate Tax tiling requirement and elects to do so. (See criteria on book) The comment and elects to do so. (See criteria on book) The comment and elects to do so. The comment an				City		FL	Zip Cod	e
SIGNATURE 9. This corporation is eligible to satisfy its intemplate Tax tiling requirement and elects to do so. (See criteria on book) The comment and elects to do so. (See criteria on book) The comment and elects to do so. The comment an	8. The above named	d entity submits this statement for	the purpose of changing if	ts registered office or regis	stered agent, or both, in the State of F	lorida.	L	
9. This corporation is eligible to satisfy its intengible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of \$12		•		0				
9. This corporation is eligible to satisfy its intengible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of \$12	SIGNATURE							
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	Signature	e, typed or printed name of registered agent a	nd title if applicable. (NC	DTE: Registered Agent signature requ	ured when reinstating)	DATE		
TITLE Angulo, Rafael J., M.D. SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CIT	Tax filing requirer	ment and elects to do so.	After MAY 1, 2	001 Fee will be \$550.0	Trust Fund Contribut	~ —		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS S	11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI	_			TITLE		[Change	Addition
CITY-ST-ZIP	I			1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				i i				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET		<u>Orlando, Fl. 328</u>				<u> </u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			LJ Delete				Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Į.							
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS								
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS			□ fielata	TITLE			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Lind Octob	2				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS			STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	C!TY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME			NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS			STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CREET ADDRESS CREET ADDRESS CREET ADDRESS CREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition STREET ADDRESS	NAME		•	8				
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS						_		
NAME STREET ADDRESS NAME STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS STREET ADDRESS	TITLE	··· -	☐ Delete	TITLE			☐ Change	☐ Addition
	NAME			NAME				
CITY-ST-ZIP CITY-ST-ZIP								
	CITY-ST-ZIP			CITY-ST-ZIP				

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 Block 12 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