

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577612

FILED
Jan 07, 2005
Secretary of State

Entity Name: INTERNAL MEDICINE CONSULTANTS, P.A.

Current Principal Place of Business:

5265 ALHAMBRA DR
ORLANDO, FL 328087205

New Principal Place of Business:

5265 ALHAMBRA DR
SUITE D
ORLANDO, FL 32808

Current Mailing Address:

5265 ALHAMBRA DR
ORLANDO, FL 328087205

New Mailing Address:

5265 ALHAMBRA DR
SUITE D
ORLANDO, FL 32808

FEI Number: 59-1829191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGULO, RAFAEL J, MD
5265 ALHAMBRA DR STE D
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

ANGULO, RAFAEL J MD
5265 ALHAMBRA DR
SUITE D
ORLANDO, FL 32808 US

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: RAFAEL J. ANGULO, M.D.

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ANGULO, RAFAEL J, MD,
Address: 5435 SPLIT PINE CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ANGULO, RAFAEL J M.D.
Address: 5435 SPLIT PINE CT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAFAEL J. ANGULO, M.D.

PST

01/07/2005

Electronic Signature of Signing Officer or Director

Date