


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 600694 1. Entity Name MELBOURNE INTERNAL MEDICINE ASSOCIATES, P.A.	
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Principal Place of Business 200 EAST SHERIDAN RD. MELBOURNE, FL 32901	Mailing Address 200 EAST SHERIDAN RD. MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1224281	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNELL, AL 200 E SHERIDAN RD MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEELMAN, ROBERT C MD 200 EAST SHERIDAN ROAD MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAFF, KENNETH S MD 200 EAST SHERIDAN ROAD MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD STALL, PHILLIPS H. MD. 200 EAST SHERIDAN ROAD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCLURE, JOSEPH 200 E SHERIDAN ROAD MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Richard A. Novakoff</i>	Date: 1/21/04	Daytime Phone #: 321-725-4500
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MELBOURNE INTERNAL MEDICINE ASSOCIATES