2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 600694

1. Entity Name
MELBOURNE INTERNAL MEDICINE ASSOCIATES, P.A.

Principal Place of Business
200 EAST SHERIDAN RD.
MELBOURNE, FL 32901

Mailing Address
200 EAST SHERIDAN RD.
MELBOURNE, FL 32901

01042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1224281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNELL, AL
200 E SHERIDAN RD
MELBOURNE, FL 32901

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCLURE, JOSEPH A M.D.
STREET ADDRESS	200 EAST SHERIDAN RD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	STD
NAME	RONALDSON, JAMES M M.D.
STREET ADDRESS	200 EAST SHERIDAN RD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VD
NAME	GURRI, JOSEPH A M.D.
STREET ADDRESS	200 EAST SHERIDAN RD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	CFA
NAME	NESCIO, RICHARD A JR
STREET ADDRESS	200 E. SHERIDAN RD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard A Nescio Jr 2/22/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #