


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90064 045 \*\*\*150.00

<b>DOCUMENT # 602851</b> 1. Entity Name INTERNAL MEDICINE GROUP, P.A.					
Principal Place of Business 1701 N MILLS AVE ORLANDO, FL 32803			Mailing Address 1701 N MILLS AVE ORLANDO, FL 32803-1873 US		
2. Principal Place of Business 508 N MILLS AVE		3. Mailing Address SAME			
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State			
Zip 32803		Country ORANGE		Zip	
Country		4. FEI Number 59-1324969			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  DAVID T. SMUCKLER, M.D. DAVI 1701 N MILLS AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name: DAVID T. SMUCKLER, M.D. Street Address (P.O. Box Number is Not Acceptable) 508 N MILLS AVE SUITE D City: ORLANDO FL Zip Code: 32803		
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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILES, CHARLES H, MD 1701 N MILLS AVE ORLANDO, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMUCKLER, DAVID T MD 1701 NORTH MILLS AVENUE ORLANDO, FL 328031873 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID T. SMUCKLER MD 508 N MILLS AVE SUITE D ORLANDO FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SIMMONS, DAVID R.W.MD 1701 NORTH MILLS AVENUE ORLANDO, FL 328031873 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVID R.W. SIMMONS MD 508 N MILLS AVE SUITE D ORLANDO FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DAVID T. SMUCKLER, M.D. 4/12/05 (417) 898-4331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					