2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED HAM

Mar 24, 2008 8:00 am **DOCUMENT #603167** Secretary of State 1. Entity Name INTERNAL MEDICINE SPECIALISTS, INC. 03-24-2008 90054 010 ***150.00 Mailing Address Principal Place of Business 3885 OAKWATER CIRCLE 3885 OAKWATER CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEL Number 59-1362451 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3885 OAK WATER CIR ORLANDO, FL 32806 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Fourth Asst. Secretary SAT Title F ☐ Delete TITLE Change FEUER, KENNETH NAME NAME raskar, sudhir STREET ADDRESS 3885 OAKWATER CRCL. STREET ADDRESS 885 Oakwater CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-7IP clanda TITI F ☐ Defete TITLE Addition ☐ Change Sciond Assit Treasurer NAME **BRINT, STEVEN** NAME Dumois, Richard STREET ADDRESS 3885 OAKWATER CRCL. STREET ADDRESS Oakwater urde CITY-ST-ZIP ORLANDO, FL CITY-ST-7IP FI 3290L TITLE ☐ Delete TITLE ☐ Change hird Asst Trasurer ABBOTT, LIONEL NAME NAME Delgado Lazaro. STREET ADDRESS 3885 OAKWATER CR STREET ADDRESS water urde CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP **FVP** TITLE ☐ Delete TITLE ASST. Treasurer Change WILLIAMS, MARK NAME Steven Feiner STREET ADDRESS 3885 OAK WATER CR STREET ADDRESS 3885 Pakwater Circle CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-ZIP orlando FI Treasurer FIFTH ASSE TITLE FVP Delete TITLE Ahned Fawad 3885 Pakwater circle NAME MADAN, ARVIND NAME STREET ADDRESS 3885 OAK WATER CR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Ei **X** Addition □ Defete TITLE ☐ Change COHEN, JEFFREY NAME NAME Siddiqui monginnad 3885 OAKWATER CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: ORLANDO, FL 32806 CITY-ST-ZIP orlando 1 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 empty ered 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, limit all pline tike empowered.

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SIGNATURE: _____SIGNATURE AND TYPED OR F

	ANNUAL	KEPUKI			_		
DOCUMENT # 603167 1. Enlity Name INTERNAL MEDICINE SPECIALISTS, INC.					ATTACHMENT		
Principal Place of Business Mailing Address					7		
3885 OAKWATER CIRCLE		3885 OAKWATER CIRCLE					
ORLANDO, FL 32806 ORLANDO, FL 32806		LL					
OKE WIDO, I	2 02000	31.D11.D0, 1.E 32.000			11000012	•	
Principal Place of Business - No P.O. Box # 3. Mailing Address					40050917		
Z. Principal Place of Business - No F.O. Box #							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04460008 Ch- D CD350	14 (42(0e)	
,					01162008 Chg-P CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number	Applied	For
					59-1362451	Not App	
Zip	Country	Zip	Coun	try		8.75 Additional ee Required	ıł
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered A	gent	
				Name			
COHEN, JEFFREY				Street Address (B.O. Roy Niyerbox in Met Acceptable)			
3885 OAK WATER CIR ORLANDO, FL 32806				Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO	D, FL 32808			.,			
				Cit		7in 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 Floride. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature require	d when reinstating) DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	1
TITLE	SAT	Delete	TITLE	TV	· · · · · · · · · · · · · · · · · · ·		Addition
NAME	FEUER, KENNETH	L Delete	NAME			- onango A	
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CITY-ST-ZIP	ORLANDO, FL 32806		спу-		1ando, F1 32806		
TITLE	Т	☐ Detete	TITLE		P	☐ Change (2)	Addition
NAME	BRINT, STEVEN		NAME	Aad	garwal, Avanish,	•	
STREET ADDRESS	3885 OAKWATER CRCL.		1		garwal, Avanish 15 Oakwater Circle	t	
CITY-ST-ZIP	ORLANDO, FL		СПҮ-	ST-ZIP OCL	and 0, F1 32806	•	
TITLE	P	☐ Delete	TITLE	1 ' . '	ho	☐ Change □	Addition
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STREET ADDRESS CITY-ST-ZIP	3885 OAKWATER CR ORLANDO, FL 32806		. It	ET ADDRESS 388			
TITLE	FVP	☐ Delete	TITLE	$ \omega$ ϵ	1000, F1 32806	☐ Change	Addition
NAME	WILLIAMS, MARK	⊥ Delete	NAME	11-1	inco Turally	Change Ja	Addition
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CITY-ST-ZIP	ORLANDO, FL 32806		спу-	ST-ZIP	landa fi 3280 la		
TITLE	FVP	☐ Delete	πιε	SA	5	☐ Change	Addition
NAME	MADAN, ARVIND		NAME		reu Elpidio	/\	
STREET ADDRESS	3885 OAK WATER CR			1388	35 Oakwater Great		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-	ST-ZIP	Florido PI 32806		
		☐ Defete	TITLE	Thire	d Asst. Secretary	Change \X A	Addition
TITLE	s	D0.000					
NAME	COHEN, JEFFREY	La bride	NAME	11110	kheriee, Gopen		
NAME STREET ADDRESS	COHEN, JEFFREY 3885 OAKWATER CIR	La Guido	STREE	ET ADDRESS 388	kherjee, Gopen	•	
NAME STREET ADDRESS CITY-ST-ZIP	COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806	A	STREE CITY-	ET ADDRESS 388 ST-ZIP 00	kherjee Gopen's pak water Urdi londo, F1 32806		-tim-
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated	COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806 certify that the information supplied with	this (illing does not quality to	STREE CITY- or the exe	ST-ZIP 388	kher ee Gopen 5 Pak water ard lando, Fl 32x06 d in Chapter 119, Florida Statutes. I further certi sarre legal effect as if made under oath: that i a	m an officer or dire	ector
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated	COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806 certify that the information supplied with	this (illing does not quality to	STREE CITY- or the exe	ST-ZIP 388	kher te Gopen 5 Pak water ard [cndo, Fl 32xDL d in Chapter 119, Florida Statutes, I further certi	m an officer or dire	ector

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ATTACHMENT **ANNUAL REPORT** DOCUMENT # 603167 1. Entity Name INTERNAL MEDICINE SPECIALISTS, INC. Principal Place of Business Mailing Address 3885 OAKWATER CIRCLE 3885 OAKWATER CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-1362451 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3885 OAK WATER CIR ORLANDO, FL 32806 City 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. 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. FIFTH ASST. Secretary TITLE SAT Delete TITLE ☐ Change Addition FEUER, KENNETH NAME NAME Vonderzalm, Glen 3885 Pakwater STREET ADDRESS 3885 OAKWATER CRCL. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP octondo, TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BRINT, STEVEN** NAME STREET ADDRESS 3885 OAKWATER CRCL. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition ABBOTT, LIONEL NAME NAME STREET ADDRESS 3885 OAKWATER CR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME WILLIAMS, MARK NAME STREET ADDRESS 3885 OAK WATER CR STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-ZIP FVP TITLE ☐ Delete TITLE ☐ Change Addition NAME MADAN, ARVIND NAME STREET ADDRESS 3885 OAK WATER CR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP TITLE ☐ Addition ☐ Defete TITLE ☐ Change NAME COHEN, JEFFREY NAME 3885 OAKWATER CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-ZIP 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR