

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2008 8:00 am  
Secretary of State

03-24-2008 90054 010 \*\*\*150.00

DOCUMENT # 603167

1. Entity Name  
INTERNAL MEDICINE SPECIALISTS, INC.



Principal Place of Business  
3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

Mailing Address  
3885 OAKWATER CIRCLE  
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)

City & State

City & State

4. FEI Number

59-1362451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY  
3885 OAK WATER CIR  
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SAT  
FEUER, KENNETH  
3885 OAKWATER CRCL.  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
BRINT, STEVEN  
3885 OAKWATER CRCL.  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ABBOTT, LIONEL  
3885 OAKWATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FVP  
WILLIAMS, MARK  
3885 OAK WATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FVP  
MADAN, ARVIND  
3885 OAK WATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
COHEN, JEFFREY  
3885 OAKWATER CIR  
ORLANDO, FL 32806 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Fourth Asst. Secretary  
Bhaskar, Sudhir  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Second Asst. Treasurer  
Dumois, Richard  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Third Asst. Treasurer  
Delgado, Lázaro  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Fourth Asst. Treasurer  
Feiner, Steven  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Fifth Asst. Treasurer  
Ahmed, Fawad  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Sixth Asst. Treasurer  
Siddiqui, Mohammad  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

Date

407 851-5600

Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #603167

1. Entity Name  
INTERNAL MEDICINE SPECIALISTS, INC.



ATTACHMENT

Principal Place of Business  
3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

Mailing Address  
3885 OAKWATER CIRCLE  
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)

City & State

City & State

4. FEI Number

59-1362451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY  
3885 OAK WATER CIR  
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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 reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SAT  
FEUER, KENNETH  
3885 OAKWATER CRCL.  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
BRINT, STEVEN  
3885 OAKWATER CRCL.  
ORLANDO, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ABBOTT, LIONEL  
3885 OAKWATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FVP  
WILLIAMS, MARK  
3885 OAK WATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FVP  
MADAN, ARVIND  
3885 OAK WATER CR  
ORLANDO, FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
COHEN, JEFFREY  
3885 OAKWATER CIR  
ORLANDO, FL 32806 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TVP  
Larranaga Jorge  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVP  
Aggarwal, Avnish  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FVP  
Bhargava, Amit  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FAS  
Prince, Timothy  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SAS  
Abreu, Elpidio  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Third Asst. Secretary  
Mukherjee, Gopen  
3885 Oakwater Circle  
Orlando, FL 32806 ☐ Change ☒ Addition

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SIGNATURE:

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2-1-08


Date

407-851-5600

Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

<b>DOCUMENT # 603167</b> 1. Entity Name <b>INTERNAL MEDICINE SPECIALISTS, INC.</b>					
Principal Place of Business <b>3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>			Mailing Address <b>3885 OAKWATER CIRCLE ORLANDO, FL 32806</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1362451</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COHEN, JEFFREY 3885 OAK WATER CIR ORLANDO, FL 32806</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAT FEUER, KENNETH 3885 OAKWATER CRCL. ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fifth Asst. Secretary Vanderzalm, Glen 3885 Oakwater circle Orlando, FL 32808</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BRINT, STEVEN 3885 OAKWATER CRCL. ORLANDO, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ABBOTT, LIONEL 3885 OAKWATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP WILLIAMS, MARK 3885 OAK WATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP MADAN, ARVIND 3885 OAK WATER CR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COHEN, JEFFREY 3885 OAKWATER CIR ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	