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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F80791
 1. Corporation Name
ARCADIA INTERNAL MEDICINE ASSOCIATES, P.A.

Principal Place of Business: 830 N MILLS AVE, ARCADIA FL 33821
 Mailing Address: 830 N MILLS AVE, ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		52-1758572	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROWN, FLETCHER 124 NORTH BREVARD, P.O. BOX 349 ARCADIA FL 33821				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED <input type="checkbox"/>	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
	P NATHAN, VAIDY	<input type="checkbox"/>			
STREET ADDRESS	830 N MILLS RD		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	ARCADIA, FL 00000				
		<input type="checkbox"/>	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP		
		<input type="checkbox"/>	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP		
		<input type="checkbox"/>	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP		
		<input type="checkbox"/>	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP		
		<input type="checkbox"/>	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/29/99 941-494-6599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)