

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80791

FILED
Jul 20, 2005
Secretary of State

Entity Name: ARCADIA INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

830 N MILLS AVE
ARCADIA, FL 33821

New Principal Place of Business:

830 N MILLS AVE
ARCADIA, FL 34266

Current Mailing Address:

830 N MILLS AVE
ARCADIA, FL 33821

New Mailing Address:

830 N MILLS AVE
ARCADIA, FL 34266

FEI Number: 52-1758572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAIDY, NATHAN
830 N MILLS AVE
ARCADIA, FL 33821 US

Name and Address of New Registered Agent:

VAIDY, NATHAN
830 N MILLS AVE
ARCADIA, FL 34266 US

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.

SIGNATURE: VAIDY NATHAN

07/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NATHAN, VAIDY,
Address: 830 N MILLS RD
City-St-Zip: ARCADIA, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NATHAN, VAIDY,
Address: 830 N MILLS RD
City-St-Zip: ARCADIA,, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAIDY NATHAN

P

07/20/2005

Electronic Signature of Signing Officer or Director

Date