[redacted]006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H24270

1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF ST. JOHNS COUNTY, P.A.

Principal Place of Business	Mailing Address
16 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086-5299 US	16 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 32086-5299 US

01192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2449088
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZAS, JOSEPH R., M.D.
16 ST JOHNS MEDICA PARK DR
ST. AUGUSTINE, FL 32086

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ROZAS, JOSEPH R., MD 16 ST JOHNS MEDICAL PARK DR SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARAMES, ERNEST J 16 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL 320865299	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000551225 05/13/06-80089-019 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRADY, WALTER B 16 ST JOHNS MEDICAL PARK DR SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELAMERENS, GOAR 16 ST JOHNS MEDICAL PARK DR SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #