

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24270

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

16 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 320865299 US

**New Principal Place of Business:**

**Current Mailing Address:**

16 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE, FL 320865299 US

**New Mailing Address:**

**FEI Number:** 59-2449088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROZAS, JOSEPH R., MD  
Address: 16 ST JOHNS MEDICAL PARK DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST ( ) Delete  
Name: CARAMES, ERNEST J  
Address: 16 ST. JOHNS MEDICAL PARK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 320865299 US

Title: D ( ) Delete  
Name: FRADY, WALTER B  
Address: 16 ST JOHNS MEDICAL PARK DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete  
Name: DELAMERENS, GOAR  
Address: 16 ST JOHNS MEDICAL PARK DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** JOSEPH ROZAS

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date