

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H24270

FILED
Oct 17, 2014
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: JOSEPH R. ROZAS, M.D.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH R. ROZAS, M.D.

Electronic Signature of Signing Officer or Director

P

10/17/2014

Date