

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H36903 (3)  
1. Corporation Name  
INTERNAL MEDICINE ASSOCIATES OF MARIANNA, FLORID  
A, P.A.



Principal Place of Business

Mailing Address

PO BOX 668  
MARIANNA FL 32447

PO BOX 668  
MARIANNA FL 32447

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  |                     |

3. Date Incorporated or Qualified

01/07/1985

4. FEI Number

59-2496709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOPHER, RICHARD M JR M.D.  
4318 5TH AVE  
MARIANNA FL 32446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                      |                     |  |
|-----------------|----------------------|---------------------|--|
| TITLE           | TS                   | 1.1 TITLE           |  |
| NAME            | CHRISTOPHER, BELINDA | 1.2 NAME            |  |
| STREET ADDRESS  | 4318 5TH AVE         | 1.3 STREET ADDRESS  |  |
| CITY - ST - ZIP | MARIANNA FL          | 1.4 CITY - ST - ZIP |  |
| TITLE           | P                    | 2.1 TITLE           |  |
| NAME            | CHRISTOPHER, RICHARD | 2.2 NAME            |  |
| STREET ADDRESS  | 4318 5TH AVE         | 2.3 STREET ADDRESS  |  |
| CITY - ST - ZIP | MARIANNA FL          | 2.4 CITY - ST - ZIP |  |
| TITLE           |                      | 3.1 TITLE           |  |
| NAME            |                      | 3.2 NAME            |  |
| STREET ADDRESS  |                      | 3.3 STREET ADDRESS  |  |
| CITY - ST - ZIP |                      | 3.4 CITY - ST - ZIP |  |
| TITLE           |                      | 4.1 TITLE           |  |
| NAME            |                      | 4.2 NAME            |  |
| STREET ADDRESS  |                      | 4.3 STREET ADDRESS  |  |
| CITY - ST - ZIP |                      | 4.4 CITY - ST - ZIP |  |
| TITLE           |                      | 5.1 TITLE           |  |
| NAME            |                      | 5.2 NAME            |  |
| STREET ADDRESS  |                      | 5.3 STREET ADDRESS  |  |
| CITY - ST - ZIP |                      | 5.4 CITY - ST - ZIP |  |
| TITLE           |                      | 6.1 TITLE           |  |
| NAME            |                      | 6.2 NAME            |  |
| STREET ADDRESS  |                      | 6.3 STREET ADDRESS  |  |
| CITY - ST - ZIP |                      | 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 receiver 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.

SIGNATURE

CR2E034 (10/97)