

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J15878

1. Entity Name
MANATEE INTERNAL MEDICINE, P.A.



Principal Place of Business
408 MANATEE AVE. EAST
BRADENTON, FL 34208

Mailing Address
408 MANATEE AVE. EAST
BRADENTON, FL 34208



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2680335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WILKINSON, SUZANNE M
5105 9TH AVE. DR. WEST
BRADENTON, FL 34209-4201

**DO NOT WRITE
IN THIS SPACE**

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

000000446660
03/08/06-80021-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKINSON, THOMAS C M.D.
STREET ADDRESS 5105 9TH AVE. DRIVE WEST
CITY - ST - ZIP BRADENTON, FL 342094201

TITLE STD
NAME WILKINSON, SUZANNE M
STREET ADDRESS 5105 9TH AVE. DRIVE WEST
CITY - ST - ZIP BRADENTON, FL 342094201

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IN THIS SPACE**

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: *X Suzanne M. Wilkinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/20/06 941-748-1331
Date Daytime Phone #