

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040796

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA INTERNAL MEDICINE, PL

Current Principal Place of Business:

601 E. DIXIE AVE
STE#802
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

3016 PALERMO CT
MOUNT DORA, FL 32726

New Mailing Address:

3016 PALERMO CT
MOUNT DORA, FL 32757

FEI Number: 20-2768583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BANALA, DWARKNADH R
601 E. DIXIE AVE.
STE# 802
LEESBURG, FL 34748 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BANALA, DWARAKNADH R MGRM
Address: 601 E. DIXIE AVE, STE# 802
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BANALA

MBMR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date