

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002825

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** INTERNAL MED ALLIANCE, PLC

**Current Principal Place of Business:**

5003 KEENELAND CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

10144 ARBOR RUN DR  
159  
TAMPA, FL 33647 UN

**Current Mailing Address:**

P.O. BOX 22794  
ORLANDO, FL 32830

**New Mailing Address:**

10144 ARBOR RUN DR  
159  
TAMPA, FL 33647 UN

**FEI Number:** 26-4029949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REHMAN, ARIF UR  
5003 KEENELAND CIR  
ORLANDO, FL 32819 US

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

REHMAN, ARIF UR  
10144 ARBOR RUN DR  
159  
TAMPA, FL 33647 US

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: ARIF UR REHMAN

04/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REHMAN, ARIF UR  
Address: 10144 ARBOR RUN DR, # 159  
City-St-Zip: TAMPA, FL 33647

I hereby 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: ARIF UR REHMAN

MGRM

04/02/2012

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