

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

01-13-2006 90045 002 ***150.00

DOCUMENT # L82881

1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF TAMPA, P.A.



Principal Place of Business
**4941 E. BUSCH BLVD., STE 140
TAMPA, FL 33617**

Mailing Address
**4941 E. BUSCH BLVD., STE 140
TAMPA, FL 33617**

66008546



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3016985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHOK BHAT M.D.
4941 E. BUSCH BLVD., SUITE 140
TAMPA, FL 33617**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BHAT, ASHOK M.D. 4941 E. BUSCH BLVD. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2006

Date

(813)985-2333

Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/13/2006-90045-002-\$150.00-\$150.00

DOCUMENT # L82881

1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF TAMPA, P.A.



Principal Place of Business
4941 E. BUSCH BLVD., STE 140
TAMPA, FL 33617

Mailing Address
4941 E. BUSCH BLVD., STE 140
TAMPA, FL 33617

ATTACHMENT

66008546

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3016985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHOK BHAT M.D.
4941 E. BUSCH BLVD., SUITE 140
TAMPA, FL 33617

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] DATE 01/05/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BHAT, ASHOK M.D. 4941 E. BUSCH BLVD. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
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.