2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

01-13-2006 90045 002 ***150.00

66008546



DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

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

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE BHAT, ASHOK M.D. NAME 4941 E. BUSCH BLVD. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of the product of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation o

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0312712006

(813)985-2333

Daytime Phone

2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ANNUAL REPORT					1/13/2006-90045-002-\$150.00-\$150.00				
DOCUMENT # L82881 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF TAMPA, P.A.					ATTACHMENT				
Principal Place 4941 E. BUS TAMPA, FL 3	CH BLVD., STE 140	lailing Address 1941 E. BUSCH BLVD., STE 140 (AMPA, FL 33617			66008546				
DO NOT WRITE IN THIS SPA				•	01052006 FEI Number 59-3016	No Chg-P		E034 (11/05) Applied For Not Applicable \$8.75 Additional	
	6. Name and Address of Current Re	adala and Ranad	,		Сегинсани	o Status Desired		Fee Required	
ASHOK BHAT M.D. 4941 E. BUSCH BLVD., SUITE 140 TAMPA, FL 33617			DO NOT WRITE IN THIS SPACE						
the obligat	chamed entry such its trial stage ment for di clons of registered agent. Signature, typed or printed name of registers agent and	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept OI 057 2-00 6 O Agent signature required when reinciating) DATE							
FILE NOWII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			S5.00 May Be Added to Fees						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AAME 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	P BHAT, ASHOK M.D. 4941 E. BUSCH BLVD. TAMPA, FL 33617	NCUIUFS				NOT W 'HIS SP			
TITLE NAME STREET ACCRESS									

^{12.} I hereby certify that the information supplied with this filing dose 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.