

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82881

FILED
Jan 10, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

4941 E. BUSCH BLVD.
SUITE 140
TAMPA, FL 33617

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3016985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: BHAT, ASHOK M.D.,
Address: 4941 E. BUSCH BLVD.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BHAT, ASHOK M.D.,
Address: 4941 E. BUSCH BLVD., SUITE 140
City-St-Zip: TAMPA, FL 33617

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHOK H BHAT

DR

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date