FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:38

DOCUMENT # **L94704** **(8)**

1. Corporate Name
INTERNAL MEDICINE ASSOCIATES OF PASCO COUNTY, IN C.

Principal Place of Business	Mailing Address
13906 LAKESHORE BLVD. SUITE 330 HUDSON FL 34667-1481 US	18126 BRANCH ROAD ~~SUITE 330~~ HUDSON FL 34667 — 5838 US

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address: 18126 Branch Road	3. Date Incorporated or Qualified: 08/07/1990	3a. Date of Last Report: 02/09/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-3026246	Applied For / Not Applicable
23 City & State	28 City & State: HUDSON, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip: 34667-5838 / 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

TAYLOR, WAYNE
18126 BRANCH ROAD
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City / FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Registered Agent Signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: P 12 NAME: TAYLOR, WAYNE 13 STREET ADDRESS: 13906 LAKESHORE BLVD. 14 CITY ST ZIP: HUDSON FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 11 or Block 12 above, or on an attachment with an address.

SIGNATURE: Wayne Taylor MD, President 1/13/95 813-862-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0380081 CP