## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L94704 DOCUMENT #

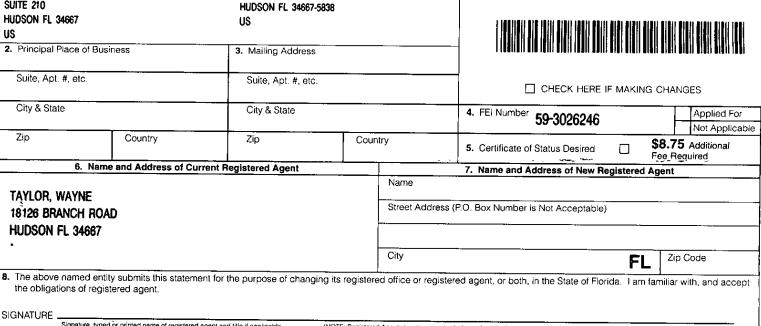
1. Entity Name



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90459 043 \*\*\*150.00

INTERNAL MEDICINE ASSOCI C.		
Principal Place of Business 7509 SR 52 SUITE 210 HUDSON FL 34667 US	Mailing Address 18126 BRANCH RD. HUDSON FL 34667-5838 US	
2. Principal Place of Business	3. Mailing Address	



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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, WAYNE 7509 STATE ROAD J2, STE 210 HUDSON FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 report is frue 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 secure 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,

SIGNATURE: