2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N09000008203

Entity Name: FLORIDA INTERNAL MEDICINE PAC, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVE
STE 115
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVE
STE 115
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 27-0789732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE SUITE 115
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: D
Name: TUCKER, N.H. III
Address: 1000 RIVERSIDE AVE SUITE 220
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: GOLDMAN, JASON MD
Address: 1000 RIVERSIDE AVE SUITE 220
City-St-Zip: JACKSONVILLE, FL 32204

Title: DPS
Name: NULAND, CHRISTOPHER L
Address: 1000 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /CHRISTOPHER L. NULAND/ P 01/06/2010

Electronic Signature of Signing Officer or Director Date