

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000009385**1. Entity Name  
NORTH FLORIDA INTERNAL MEDICINE AND PEDIATRICS, INC.Principal Place of Business  
3790 COASTAL HIGHWAY  
  
ST. AUGUSTINE FL 32095  
Mailing Address  
3790 COASTAL HIGHWAY  
  
ST. AUGUSTINE FL 320952. Principal Place of Business  
3790 COASTAL HIGHWAY  
Suite, Apt. #, etc.3. Mailing Address  
3790 COASTAL HIGHWAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST. AUGUSTINE FL  
Zip  
32084  
CountryCity & State  
ST. AUGUSTINE FL  
Zip  
32084  
Country4. FEI Number  
**59-3622949**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**BHIDE VANDANA Y  
3790 COASTAL HIGHWAY  
  
ST. AUGUSTINE FL 32095**7. Name and Address of New Registered Agent**Name  
BHIDE VANDANA Y  
Street Address (P.O. Box Number is Not Acceptable)  
3790 COASTAL HIGHWAY  
  
City  
ST. AUGUSTINE FL Zip Code  
32084

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.

SIGNATURE **VANDANA Y. BHIDE****04/22/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete  
NAME WARMUTH MARC A  
STREET ADDRESS 3790 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32095TITLE D ☐ Delete  
NAME BHIDE VANDANA Y  
STREET ADDRESS 3790 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32095TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition  
NAME WARMUTH MARC A  
STREET ADDRESS 3790 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32084TITLE D ☒ Change ☐ Addition  
NAME BHIDE VANDANA Y  
STREET ADDRESS 3790 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32084TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Vandana Y. Bhide**

D

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)