

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 041 ***150.00

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1. Entity Name
ORLANDO INTERNAL MEDICINE, P.A.



Principal Place of Business
1507 S. HIWASSEE RD
SUITE 107
ORLANDO, FL 32835

Mailing Address
PO BOX 618347
ORLANDO, FL 32861



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3624109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEFKOWITZ BLOOM & SHAW
430 N. MILLS AVENUE
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VANGALA, PRADEEP K
STREET ADDRESS 5027 KEENELAND CIRCLE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VPD
NAME AKELLA, RAVI P
STREET ADDRESS 5021 KEENELAND CIRCLE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ST
NAME GANJAM, RAGHU D
STREET ADDRESS ~~6184 RALEIGH STREET APT. #108~~ 1512 Belfiore Way
CITY-ST-ZIP ORLANDO, FL ~~32806~~ 32786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/08

407-445-5535