2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

DOCUMENT# P00000014851

Entity Name: ORLANDO INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

1507 S. HIAWASSEE RD
SUITE 107
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

PO BOX 618347
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-3624109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ BLOOM & SHAW
430 N. MILLS AVENUE
ORLANDO, FL 32803 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: PD
Name: VANGALA, PRADEEP K
Address: 5027 KEENELAND CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VPD
Name: AKELLA, RAVI P
Address: 5021 KEENELAND CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: ST
Name: GANJAM, RAGHU D
Address: 1512 BELFIORE WAY
City-St-Zip: WINDERMERE, FL 34786

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

SIGNATURE: RAVI AKELLA VPD 01/25/2011

Electronic Signature of Signing Officer or Director — Date