


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000036849 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF LAKE COUNTY, P.A.	
--	---

Principal Place of Business
619 DIXIE AVENUE
LEESBURG, FL 34748

Mailing Address
619 DIXIE AVENUE
LEESBURG, FL 34748



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005052	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

BROWN, GREGORY DR.
619 DIXIE AVENUE
LEESBURG, FL 34748

**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 renaming)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BROWN, GREGORY DR. 619 DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000317421
04/20/05-80018-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

4/15/05 (352) 314-2424
Date Daytime Phone #