

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036849

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** INTERNAL MEDICINE ASSOCIATES OF LAKE COUNTY, P.A.

**Current Principal Place of Business:**

619 DIXIE AVENUE  
LEESBURG, FL 34748

**New Principal Place of Business:**

619 W. DIXIE AVENUE  
LEESBURG, FL 34748

**Current Mailing Address:**

619 DIXIE AVENUE  
LEESBURG, FL 34748

**New Mailing Address:**

619 W.DIXIE AVENUE  
LEESBURG, FL 34748

**FEI Number:** 65-1005052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BROWN, GREGORY M DR.  
619 W.DIXIE AVENUE  
LEESBURG, FL 34748 US

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: GREGORY M. BROWN

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BROWN, GREGORY M DR.  
Address: 619 W.DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

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: GREGORY M. BROWN

DR.

01/08/2010

Electronic Signature of Signing Officer or Director

Date