

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039064

FILED
Jan 14, 2004
Secretary of State

Entity Name: PALM SPRINGS INTERNAL MEDICINE, INC.

Current Principal Place of Business:

1620 SOUTH CONGRESS AVENUE
SUITE 202
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

1620 SOUTH CONGRESS AVENUE
SUITE 202
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 65-1001157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, LINDA
505 26TH STREET
WEST PALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIXON, LINDA A
Address: 505 26TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SVD () Delete
Name: BORNIA, MANUEL
Address: 505 26TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: MAYFIELD, SANDRA
Address: 18386 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL BORNIA

SVD

01/14/2004

Electronic Signature of Signing Officer or Director

Date