2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90052 003 ***150.00

DOCUMENT # P00000039064

1. Entity Name
PALM SPRINGS INTERNAL MEDICINE, INC.

Principal Place of Business	Mailing Address
1620 SOUTH CONGRESS AVENUE SUITE 202 PALM SPRINGS, FL 33461	1620 SOUTH CONGRESS AVENUE SUITE 202 PALM SPRINGS, FL 33461

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5053 SOUTH CONGRESS AVENUE	5053 SOUTH CONGRESS AVENUE
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33461	Country USA
Zip 33461	Country USA

4. FEI Number
65-1001157
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIXON, LINDA 505 26TH STREET WEST PALM BEACH, FL 33407	Name: BORNIA, MANUEL Street Address (P.O. Box Number is Not Acceptable): 5053 SOUTH CONGRESS AVENUE, SUITE 202 City: LAKE WORTH, FL Zip Code: 33461

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIXON, LINDA A 505 26TH STREET WEST PALM BEACH, FL 33407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD BORNIA, MANUEL 505 26TH STREET WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V/S/D BORNIA, MANUEL 5053 SOUTH CONGRESS AVENUE, SUITE 202 LAKE WORTH, FL 33461 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAYFIELD, SANDRA 18386 NW 6TH STREET PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #