

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000061236

1. Entity Name
PARTNERS OF INTERNAL MEDICINE, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 8:55

Principal Place of Business
3569 NORTH EAST 163RD STREET
NORTH MIAMI BEACH, FL 33160

Mailing Address
3569 NORTH EAST 163RD STREET
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business

3. Mailing Address



06282005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1021921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUAREZ-BARCELO, MANUEL
3569 N.E. 163 STREET
NORTH MIAMI BEACH, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

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 D ☐ Delete
NAME SUAREZ-BARCELO, MANUEL A M.D.
STREET ADDRESS 3569 NORTH EAST 163RD STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☒ Change ☒ Addition
NAME President/Director
NAME Manuel A. Suarez-Barcelo, M.D.
STREET ADDRESS 3569 N.E. 163 Street
CITY-ST-ZIP NMB, FL 33160

TITLE PST ☐ Delete
NAME SUAREZ, ANTONIO MANUEL
STREET ADDRESS 3569 N.E. 163 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☒ Change ☐ Addition
NAME Antonio Manuel Suarez
STREET ADDRESS 3569 N.E. 163 ST
CITY-ST-ZIP NMB, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME James Charles Hancock
STREET ADDRESS 3569 N.E. 163 ST
CITY-ST-ZIP NMB, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE K ☐ Change ☒ Addition
NAME Karina Lourdes Magsino
STREET ADDRESS 3569 N.E. 163 ST
CITY-ST-ZIP NMB, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

7/1/05 (305) 945-2411