2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P00000061236

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1021921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ-BARCELO, MANUEL
3569 N.E. 163 STREET
NORTH MIAMI BEACH, FL 33160 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: PD ( ) Delete
Name: SUAREZ-BARCELO, MANUEL A
Address: 3569 NORTH EAST 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: V ( ) Delete
Name: SUAREZ, ANTONIO MANUEL
Address: 3569 N.E. 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete
Name: HANCOCK, JAMES CHARLES
Address: 3569 NORTH EAST 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S ( ) Delete
Name: MAGSINO, KARINA LOURDES
Address: 3569 NORTH EAST 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: M ( ) Delete
Name: ROCHA-SUAREZ, YELITZA MNGR
Address: 3569 NE 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

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:

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 Chapter 119, 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 SUAREZ-BARCELO, M.D. P 01/08/2007

Electronic Signature of Signing Officer or Director — Date