

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061236

FILED
Jan 07, 2010
Secretary of State

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

Current Principal Place of Business:

12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181 US

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 A
12550 BISCAYNE BLVD
226
NORTH MIAMI, FL 33181 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
Name: SUAREZ-BARCELO, MANUEL A
Address: 12550 BISCAYNE BLVD #226
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: V
Name: ROCHA-SUAREZ, YELITZA
Address: 12550 BISCAYNE BLVD #226
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: T
Name: HANCOCK, JAMES CHARLES
Address: 12550 BISCAYNE BLVD #226
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: M
Name: ROCHA-SUAREZ, YELITZA MNGR
Address: 12550 BISCAYNE BLVD #226
City-St-Zip: NORTH MIAMI, FL 33181 US

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: MANUEL SUAREZ-BARCELO

P

01/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date