

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111310

FILED
Apr 09, 2008
Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

1905 CLINT MOORE RD
#202
BOCA RATON, FL 33496

Current Mailing Address:

1905 CLINT MOORE RD
#202
BOCA RATON, FL 33496

New Principal Place of Business:

1601 CLINT MOORE RD
#115
BOCA RATON, FL 33487

New Mailing Address:

1601 CLINT MOORE RD
#115
BOCA RATON, FL 33487

FEI Number: 65-1061541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOSAR & DOLNICK, P.A.
3010 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431 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: D () Delete
Name: MORRIS, RONNIE
Address: 1905 CLINT MOORE ROAD, SUITE 202
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: COHEN, MEYER
Address: 1905 CLINTMOORE RD STE 202
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: GROSS, JEFFREY
Address: 1905 CLINT MOORE RD STE 202
City-St-Zip: BOCA RATON, FL 33496

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 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: MEYER E. COHEN, MD

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date