

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000054001

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** OSCEOLA INTERNAL MEDICINE, INC.

**Current Principal Place of Business:**

203 WESTMORELAND CIRCLE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

203 WESTMORELAND CIRCLE  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-3720401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANOLO, ESTEBAN L JR  
203 WESTMORELAND CIRCLE  
KISSIMMEE, FL 34744 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SUBHANI, NOMAN DR  
Address: 8836 ELLIOTT'S COURT  
City-St-Zip: ORLANDO, FL 32836

Title: VPSD  
Name: JANOLO, ESTEBAN L DR  
Address: 203 WESTMORELAND CIR  
City-St-Zip: KISSIMMEE, FL 34744

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: DR. ESTEBAN L. JANOLO

VICE

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date