

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 14, 2011
Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES OF PENSACOLA, P.A.

Current Principal Place of Business:

5153 N. 9TH AVENUE
SUITE 207
PENSACOLA, FL 32504 US

New Principal Place of Business:

6160 N. DAVIS HWY
SUITE 5
PENSACOLA, FL 32504 US

Current Mailing Address:

5153 N. 9TH AVENUE
SUITE 207
PENSACOLA, FL 32504 US

New Mailing Address:

6160 N. DAVIS HWY
SUITE 5
PENSACOLA, FL 32504 US

FEI Number: 59-3726287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON, DONALD L JR.
3196 HYDE PARK PL.
PENSACOLA, FL 32503 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: PD
Name: BLACKMON, DONALD M.D.
Address: 6160 N. DAVIS HWY STE 5
City-St-Zip: PENSACOLA, FL 32504

Title: VPD
Name: ZAND, ANDRE MD
Address: 6160 N. DAVIS HWY STE 5
City-St-Zip: PENSACOLA, FL 32504

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: DONALD L. BLACKMON, JR.

PD

03/14/2011

Electronic Signature of Signing Officer or Director

Date