# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2012**
**Secretary of State**

DOCUMENT# P01000067969

**Entity Name:** INTERVENTIONAL MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

7550 W UNIVERSITY AVE.
STE. A
GAINESVILLE, FL 32607

**New Principal Place of Business:**

6821 NW 11 PLACE
GAINESVILLE, FL 32605

**Current Mailing Address:**

7550 W UNIVERSITY AVE.
STE. A
GAINESVILLE, FL 32607

**New Mailing Address:**

6821 NW 11 PLACE
GAINESVILLE, FL 32605

**FEI Number: 71-0858073** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JONES, HARRY A
11 A MAX BREWER PKWY
TITUSVILLE, FL 32796 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: D
Name: VALENTINE, ROBERT M.D.
Address: 6821 NW 11 PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: ROBERT G VALENTINE MD 02/17/2012

Electronic Signature of Signing Officer or Director — Date