

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000067969**

1. Entity Name
INTERVENTIONAL MEDICAL ASSOCIATES, P.A.



Principal Place of Business
330 NW 76TH DR
GAINESVILLE FL 32607

Mailing Address
330 NW 76TH DR
GAINESVILLE FL 32607

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **71-0858073** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JONES, HARRY A
11 A MAX BREWER PKWY
TITUSVILLE FL 32796**

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City _____

FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **VALENTINE, ROBERT M.D.**
STREET ADDRESS **330 NW 76TH DR**
CITY-ST-ZIP **GAINESVILLE FL 32607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

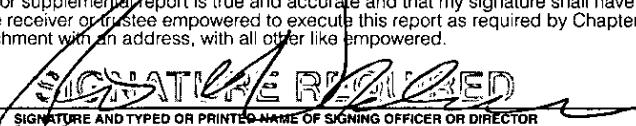
TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 352-331-3353

Date

Daytime Phone #

CR2E034 (10/02)