


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000092311	
1. Entity Name INTERNAL MEDICINE ASSOCIATES OF NORTHEAST FLORIDA, P.A.	

Principal Place of Business 2300 PARK AVE., STE.101 ORANGE PARK, FL 32073	Mailing Address 2300 PARK AVE., STE.101 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3746220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE., STE. 200 JACKSONVILLE, FL 32204	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUBA, DANIEL 2300 PARK AVE., STE. 101 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMEY, THOMAS 2300 PARK AVE., STE.101 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YASAY, LEON JR. 2300 PARK AVE., STE.101 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/04-80059-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **President** 1/27/04 (904)541-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #