2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P01000092311

Entity Name: INTERNAL MEDICINE ASSOCIATES OF NORTHEAST FLORIDA, P.A.

Current Principal Place of Business:

2300 PARK AVE., STE.205
ORANGE PARK, FL 32073

New Principal Place of Business:

1555 KINGSLEY AVE
604
ORANGE PARK, FL 32073

Current Mailing Address:

2300 PARK AVENUE, STE 205
ORANGE PARK, FL 32073

New Mailing Address:

1555 KINGSLEY AVE
604
ORANGE PARK, FL 32073

FEI Number: 59-3746220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE., STE. 200
JACKSONVILLE, FL 32204 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMEY, THOMAS
Address: 2300 PARK AVE., STE.205
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: YASAY, LEON JR.
Address: 2300 PARK AVE., STE.205
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAMEY, THOMAS
Address: 1555 KINGSLEY AVE, SUITE 604
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition
Name: YASAY, LEON JR.
Address: 1555 KINGSLEY AVE, SUITE 604
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS L. RAMEY, MD. MD 04/17/2008

Electronic Signature of Signing Officer or Director Date