## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000095030

FILED Jan 20, 2002 8:00 AM Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES OF THE PALM BEACHES, P.A.

Current P	Principal Place of Business:	New Principal Place of Business:
	LAGLER DRIVE	1411 NORH FLAGLER DRIVE
W. PALM	BEACH, FL 33407	9700 W. PALM BEACH, FL 33401
Current M	Mailing Address:	New Mailing Address:
	LAGLER DRIVE BEACH, FL 33407	PO BOX 8296 W. PALM BEACH, FL 33407
El Number	r: 65-1141963 FEI Number Applied For ( )	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
C/O DÉAN	EAN M.D. N MANN M.D. LAGLER DRIVE	MANN, DEAN M.D. PO BOX 8296 W. PALM BEACH, FL 33407 US
	DE 4 OLL EL 60 407 LIG	
	BEACH, FL 33407 US	
The above n the Stat	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both
The above n the Stat	e named entity submits this statement for	01/20/2002
The above n the Stat SIGNATU This corpor	e named entity submits this statement for te of Florida. IRE: DEAN S MANN	01/20/2002  d Agent Date  ng requirement and elects to do so (X).
The above n the Stati BIGNATU This corpor Election Ca	e named entity submits this statement for the of Florida.  IRE: DEAN S MANN  Electronic Signature of Registered ration is eligible to satisfy its Intangible Tax filin	01/20/2002  d Agent Date  ng requirement and elects to do so (X).
The above n the Statistics of	e named entity submits this statement for the of Florida.  IRE: DEAN S MANN  Electronic Signature of Registered ration is eligible to satisfy its Intangible Tax filin impaign Financing Trust Fund Contribution ( ).  IS AND DIRECTORS:  D ( ) Delete	O1/20/2002  d Agent Date  rig requirement and elects to do so (X).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN S MANN D 01/20/2002