2002 UNIFORM BUSINESS REPORT (UBR)

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

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

Current Principal Place of Business:

3001 N. FLAGLER DRIVE
W. PALM BEACH, FL 33407

New Principal Place of Business:

1411 NORH FLAGLER DRIVE
9700
W. PALM BEACH, FL 33401

Current Mailing Address:

3001 N. FLAGLER DRIVE
W. PALM BEACH, FL 33407

New Mailing Address:

PO BOX 8296
W. PALM BEACH, FL 33407

FEI Number: 65-1141963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANN, DEAN M.D.
C/O DEAN MANN M.D.
3001 N. FLAGLER DRIVE
W. PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MANN, DEAN M.D.
PO BOX 8296
W. PALM BEACH, FL 33407 US

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: DEAN S MANN 01/20/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EGAN, MARGARET M.D.
Address: 3001 N. FLAGLER DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

Title: D ( ) Delete
Name: HAMPTON, BRIDGETT M.D.
Address: 3001 N. FLAGLER DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

Title: D ( ) Delete
Name: MANN, DEAN M.D.
Address: 3001 N. FLAGLER DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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
Electronic Signature of Signing Officer or Director — Date