

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000095030 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF THE PALM BEACHES, P.A.	
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Principal Place of Business 1411 NORH FLAGLER DRIVE 9700 W. PALM BEACH, FL 33407	Mailing Address PO BOX 8296 W. PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1141963	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANN, DEAN M.D. 3001 N. FLAGLER DR. W. PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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.

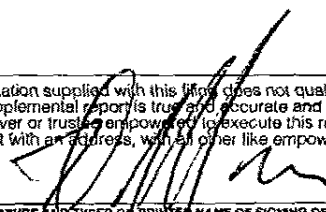
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000159833 05/11/04-80004-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGAN, MARGARET M.D. 3001 N. FLAGLER DRIVE W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMPTON, BRIDGETT M.D. 3001 N. FLAGLER DRIVE W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, DEAN M.D. 3001 N. FLAGLER DRIVE W. PALM BEACH, FL 33407
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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)(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, within other like empowered.

SIGNATURE:  **President** **5/11/04 (564) 366-8408**
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #