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.

Principal Place of Business	Mailing Address
1411 NORH FLAGLER DRIVE 9700 W. PALM BEACH, FL 33401	PO BOX 8296 W. PALM BEACH, FL 33407

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

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

U00000159833
05/11/04-80004-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EGAN, MARGARET M.D.
STREET ADDRESS	3001 N. FLAGLER DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	D
NAME	HAMPTON, BRIDGETT M.D.
STREET ADDRESS	3001 N. FLAGLER DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	D
NAME	MANN, DEAN M.D.
STREET ADDRESS	3001 N. FLAGLER DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE: _____ President 5/5/04 (561)366-8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #