
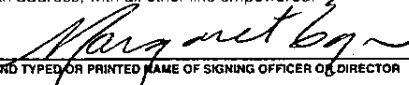


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90021 041 \*\*\*150.00

<b>DOCUMENT # P01000095030</b> 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF THE PALM BEACHES, P.A.					
Principal Place of Business 1411 NORH FLAGLER DRIVE 9700 W. PALM BEACH, FL 33401			Mailing Address PO BOX 8296 W. PALM BEACH, FL 33407		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3001 N. FLAGLER DRIVE</b>  Suite, Apt. #, etc.			
City & State		City & State <b>WEST PALM BEACH, FL</b>			
Zip <b>33407</b>	Country	4. FEI Number <b>65-1141963</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MANN, DEAN M.D.</b> <b>3001 N. FLAGLER DR.</b> <b>W. PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DEAN M.D. 3001 N. FLAGLER DRIVE W. PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2/14/05 5616916030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**50015404**



01282005 Chg-P CR2E034 (10/03)