

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000095030

FILED
Apr 24, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3001 N FLAGLER DRIVE
W. PALM BEACH, FL 33407

New Mailing Address:

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.
3001 N. FLAGLER DR.
W. PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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 MANN, M.D.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MANN, M.D.

RA

04/24/2007

Electronic Signature of Signing Officer or Director

Date