

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095030

FILED  
Jan 26, 2009  
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:**

1411 NORH FLAGLER DRIVE  
4300  
W. PALM BEACH, FL 33401

**Current Mailing Address:**

3001 N FLAGLER DRIVE  
W. PALM BEACH, FL 33407

**New Mailing Address:**

1411 N FLAGLER DRIVE  
STE. 4300  
W. PALM BEACH, FL 33401

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:**

MANN, DEAN M.D.  
1411 N. FLAGLER DR.  
STE 4300  
W. PALM BEACH, FL 33401 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:

01/26/2009

Electronic Signature of Registered Agent

Date

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: VPRES (X) Change ( ) Addition  
Name: EGAN, MARGARET M.D.  
Address: 1411 N. FLAGLER DRIVE STE. 4300  
City-St-Zip: W. PALM BEACH, FL 33401

Title: PRES (X) Change ( ) Addition  
Name: MANN, DEAN M.D.  
Address: 1411 N. FLAGLER DRIVE STE 4300  
City-St-Zip: W. PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify 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 S. MANN

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date