2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113178

FILED Apr 30, 2009 Secretary of State

Entity Name: LEE COUNTY INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 104				
CAPE CO	RAL, FL 3390	9		
Current M	lailing Addres	ss:	New Mailing Addres	ss:
	PRADO BLVD	N		
SUITE 104 CAPE CO	1 RAL, FL 3390	9		
FEI Number	: 65-1151523	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	IATHAN, ATTY LEGE PARKW			
		/AT		
SUITE 103				
SUITE 103 FORT MY The above	3 ERS, FL 3391	9 US	e purpose of changing its registere	ed office or registered agent, or both
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SUITE 103 FORT MY The above n the Stat	3 ERS, FL 3391 e named entity e of Florida. RE:	9 US		ed office or registered agent, or both Date
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SUITE 103 FORT MY The above In the State SIGNATU Election Car OFFICER Fitle: Name: Address: Dity-St-Zip: Fitle:	ERS, FL 3391 e named entity e of Florida. RE: Electrol mpaign Financin S AND DIREC PVTS (TORRICELLI, I 13736 BRYNW FORT MYERS, D (9 US submits this statement for the nic Signature of Registered A grust Fund Contribution (). CTORS:) Delete RICHARD J M.D. //OOD LN , FL 33912) Delete	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date ES TO OFFICERS AND DIRECTO
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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: RICHARD J. TORRICELLI M.D. PVTS 04/30/2009