


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000006049		
1. Entity Name JACKSONVILLE INTERNAL MEDICINE, P.A.		
Principal Place of Business 6144 GAZEBO PARK PLACE SOUTH SUITE 102 JACKSONVILLE, FL 32257		Mailing Address 6144 GAZEBO PARK PLACE SOUTH SUITE 102 JACKSONVILLE, FL 32257
DO NOT WRITE IN THIS SPACE		
		02222006 No Chg-P CR2E034 (11/05)
		4. FEI Number 80-0033139
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent EDCOLAW, INC. 6 EAST BAT STREET SUITE 500 JACKSONVILLE, FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	LEVENSON, ILENE S	
STREET ADDRESS	9453 KELLS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ilene Levenson mmp</i>		3-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		904-880-8892
		Date Daytime Phone #