2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000006049

JACKSONVILLE INTERNAL MEDICINE, P.A.



Principal Place of Business

6144 GAZEBO PARK PLACE SOUTH

SUITE 102

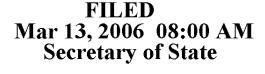
JACKSONVILLE, FL 32257

Mailing Address

6144 GAZEBO PARK PLACE SOUTH

SUITE 102

JACKSONVILLE, FL 32257





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No Chg-P

CR2E034 (11/05)

4. FEI Number 80-0033139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

EDCOLAW, INC. 6 EAST BAT STREET SUITE 500 JACKSONVILLE, FL 32202

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		!			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered again and this l	f applicable. (NOTE Registered Ap	gent signature	reduked when teinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 S. Election Campa Trust Fund Con			ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
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NAME	LEVENSON, ILENE S	3			
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City-St-Zip	JACKSONVILLE, FL 32223				100000464768
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12. I hereby certify that the information supplied with this filling 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 hat my signature shall have the same legal effect as it 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR