


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 027 ***150.00

DOCUMENT # P02000006049
1. Entity Name
Jacksonville Internal Medicine, P.A.



90073224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6144 Gazebo Park Place South
Suite, Apt. #, etc.
Suite 102
City & State
Jacksonville, FL

3. Mailing Address
6144 Gazebo Park Place South
Suite, Apt. #, etc.
Suite 102
City & State
Jacksonville, FL

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4. FEI Number 80-0033139 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 32257 Country Zip 32257 Country

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7. Name and Address of Current Registered Agent
Name Cohen, David ESQ. C/O Edwards & Cohen, P.A.
Street Address (P.O. Box Number is Not Acceptable)
200 N Laura St. 12th Floor
City Jacksonville FL Zip Code 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Levenson, Ilene S. 9453 Kells Road Jacksonville, FL 32223 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ilene Levenson 2/20/03 (904) 880-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

90073224
PO20000006049

Note: This is an initial return for this organization. Please assign a Billing Number (TPP Number). Thank you.