FROM : FAX NO. :

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90526 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50045820

04272005 Chg-P CR2E034 (10/03)

P.O. BOX 32129-1711

DOCUMENT # P02000053796

1. Entity Name
INTERNAL MEDICINE & PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
7999 OVERSEAS HIGHWAY MARATHON, FL 33050	7999 OVERSEAS HIGHWAY MARATHON, FL 33050

2. Principal Place of Business	3. Mailing Address
P.O. BOX 32129-1711	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State
Zip: 32129 Country: USA	Zip Country

4. FEI Number: 03-0446429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACEVEDO, JORGE
293 NORTH ANGLERS DR
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SAENZ-ACEVEDO, ANGELA 293 NORTH ANGLERS DR MARATHON, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ACEVEDO, JORGE 293 NORTH ANGLERS DR MARATHON, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #