

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078669

FILED
May 22, 2006
Secretary of State

Entity Name: INTERNAL MEDICINE & PEDIATRICS ASSOCIATES OF TALLAHASSEE, INC.

Current Principal Place of Business:

2418 EAST PLAZA DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2418 EAST PLAZA DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 55-0795982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEMAN, FREDERICK L JR
300 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EMENIKE, MIGNON L MD
Address: 2418 EAST PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: V () Delete
Name: EMENIKE, UCHENNA J MD
Address: 2418 EAST PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGNON LAWSON EMENIKE, MD

P

05/22/2006

Electronic Signature of Signing Officer or Director

Date