

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078669

FILED  
Feb 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1965 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1965 CAPITAL CIRCLE NE  
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:**

JAMES, C. SHARON  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

DAWS, SONYA K  
2878 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 US

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: SONYA K. DAWS

02/04/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EMENIKE, MIGNON L MD  
Address: 1965 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: V ( ) Delete  
Name: EMENIKE, UCHENNA J MD  
Address: 1965 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308 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 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 L. EMENIKE MD

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date