

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000078669

**FILED**  
**Apr 18, 2011**  
**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:**

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

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

EMENIKE, MIGNON L  
1965 CAPITAL CIRCLE N.E.  
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: MIGNON EMENIKE

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: MIGNON EMENIKE

P

04/18/2011

Electronic Signature of Signing Officer or Director

Date