


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2007 08:00 A
Secretary of State

DOCUMENT # P02000083298 1. Entity Name THE VILLAGES INTERNAL MEDICINE AND GERIATRICS, INC.	
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Principal Place of Business 1400 US HIGHWAY 441 NORTH SUITE 924 THE VILLAGES, FL 32159	Mailing Address PO BOX 950627 LAKE MARY, FL 32795
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03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0478296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAI, JANE Z
1400 US HWY 441 NORTH
SUITE 924
THE VILLAGES, FL 32795**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAI, JANE Z 1400 US HWY 441 NORTH #924 THE VILLAGES, FL 32159
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03/23/07-80033-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/10/2007 352-259-0238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #