2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000083298

1. Entity Name

THE VILLAGES INTERNAL MEDICINE AND GERIATRICS, INC.



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

Principal Place of Business

1400 US HIGHWAY 441 NORTH SUITE 924 THE VILLAGES, FL 32159 Mailing Address PO BOX 950627 LAKE MARY, FL 32795



DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)

₩.	FEI Number 03-0478296	\vdash	Applied For Not Applicable
5	Certificate of Status Desired	\$ 8.75	Additional

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

the obligations of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	ent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			4 % 5 4 5	THE STATE OF THE	3.5000000000000000000000000000000000000	1 19 19 19 19 19 19 19 19 19 19 19 19 19		
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CITY-ST-ZIP		\$S		2. The Manne of	Both Burth and State . A se	A SA CONTRACTOR OF THE SAME		
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 emovered be 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 an other like empowered.								

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 Fiorida. I am familiar with, and accept