

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000085419

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** SUNTREE INTERNAL MEDICINE, INC.

**Current Principal Place of Business:**

903 JORDAN BLASS DRIVE  
SUITE # 102  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

903 JORDAN BLASS DRIVE  
SUITE # 102  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 11-3646276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDOON, ERIC  
903 JORDAN BLASS DRIVE  
SUITE # 102  
MELBOURNE, FL 32940 US

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

HARDOON, SCOTT  
903 JORDAN BLASS DRIVE  
SUITE # 102  
MELBOURNE, FL 32940 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: SCOTT HARDOON

02/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HARDOON, BARBARA  
Address: 903 JORDAN BLASS DRIVE, SUITE # 102  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: HARDOON, ERIC  
Address: 903 JORDAN BLASS DRIVE, SUITE # 102  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: HARDOON, SCOTT  
Address: 903 JORDAN BLASS DRIVE, SUITE # 102  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: HARDOON, DR. ABE  
Address: 903 JORDAN BLASS DRIVE, SUITE # 102  
City-St-Zip: MELBOURNE, FL 32940

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: ERIC HARDOON

D

02/13/2011

Electronic Signature of Signing Officer or Director

Date