

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118496

FILED
Mar 02, 2009
Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

5737 BARNHILL DR, BLDG 100
SUITE 1
JACKSONVILLE, FL 32207 US

Current Mailing Address:

5737 BARNHILL DR, BLDG 100
SUITE 1
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

6320 SAINT AUGUSTINE ROAD
UNIT 12A & 12B
JACKSONVILLE, FL 32217 US

New Mailing Address:

6320 SAINT AUGUSTINE ROAD
UNIT 12A & 12B
JACKSONVILLE, FL 32217 US

FEI Number: 65-1161177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE., SUITE 115
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADFIS, VADIM L
Address: 5737 BARNHILL DRIVE, BLDG 100, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: ASRIYEVA, ILONA
Address: 13772 WEEPING WILLOW WAY
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MADFIS, VADIM L
Address: 6320 SAINT AUGUSTINE ROAD, UNIT 12A & 12B
City-St-Zip: JACKSONVILLE, FL 32217

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: VADIM L. MADFIS, MD

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date