

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 20, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MADFIS, VADIM L
Address: 6320 SAINT AUGUSTINE ROAD UNIT 12
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S
Name: ASRIYEVA, ILONA
Address: 6320 SAINT AUGUSTINE ROAD UNIT 12
City-St-Zip: JACKSONVILLE, FL 32217 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: VADIM L. MADFIS, MD

PD

01/20/2011

Electronic Signature of Signing Officer or Director

Date