

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 010 ***150.00

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| DOCUMENT # P02000120718 | | | | | |
| 1. Entity Name INTERNAL MEDICINE SOLUTIONS, PA | | | | | |
| Principal Place of Business 732 NE 203 LANE MIAMI, FL 33179 | | | Mailing Address 732 NE 203 LANE MIAMI, FL 33179 | | |
| 2. Principal Place of Business 3075 NW 35th Ave Suite, Apt. #, etc. | | 3. Mailing Address 3075 NW 35th Ave Suite, Apt. #, etc. | | 54013391 | |
| City & State Lauderdale Lakes, FL | | City & State Lauderdale Lakes, FL | | 02262004 Chg-P CR2E034 (10/03) | |
| Zip 33311 | | Country USA | | 4. FEI Number 43-1982019 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent JULES, CLINTON 732 NE 203 LANE MIAMI, FL 33179 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P JULES, CLINTON 732 NE 203 LANE MIAMI, FL 33179 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Clinton Jules M.O.</i> | | 4/26/04 (954) 347-0064 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |