2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120718

Entity Name: INTERNAL MEDICINE SOLUTIONS, PA

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3075 NW (FORT LAU	35TH AVE. JDERDALE, FI	_ 33311			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	35TH AVE. JDERDALE, FI	_ 33311			
FEI Number:	: 43-1982019	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JULES, CL 732 NE 20 MIAMI, FL	3 LANE				
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JULES, CLINTO 732 NE 203 LA MIAMI, FL 331	NE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLINTON JULES, MD P 01/19/2005