

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088803

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** PALM COAST INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

21 HOSPITAL DRIVE  
SUITE 280  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

21 HOSPITAL DRIVE  
SUITE 280  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 83-0368633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODWIN, PHILIP P  
238 OCEAN PALM DR  
FLAGLER BCH, FL 32136 US

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

GOODWIN, PHILIP P  
21 HOSPITAL DRIVE  
SUITE 280  
PALM COAST, FL 32164 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:

Electronic Signature of Registered Agent

01/16/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOODWIN, PHILIP P  
Address: P.O. BOX 989  
City-St-Zip: FLAGLER BCH, FL 32136

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: PHILIP GOODWIN

P

01/16/2012

Electronic Signature of Signing Officer or Director

Date