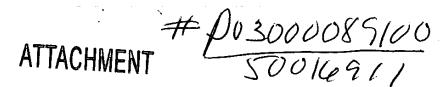
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2005 8:00 am Secretary of State **DOCUMENT # P03000089100** 02-17-2005 90022 040 ***150.00 VILLAGES INTERNAL MEDICINE AND SENIOR CLINIC, Principal Place of Business Mailing Address 3351 WEDGEWOOD LANE 4755 COUNTY ROAD 121D WILDWOOD, FL 34785 THE VILLAGES, FL 32162 50016911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02102005 Chg-P Applied For City & State 4. FEI Number City & State 76-0739954 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **EVALLE, WINSTON** Street Address (P.O. Box Number is Not Acceptable) 4755 COUNTY ROAD 121D WILDWOOD, FL 34785 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ÉVALLE, WINSTON **EVALLA, WINSTON** NAME NAME STREET ADDRESS 4755 COUNTY ROAD 121D STREET ADDRESS 4755 COUNTY ROAD 121D CITY-ST-ZIP WILDWOOD, FL 34785 CITY-ST-ZIP WILDWOOD FL 3478 5 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 352-259 036 4

FILED



Villages Internal Medicine and Senior Clinic, PA

Winston E. Evalle, M.D. Board Certified in Internal Medicine and Geriatrics 3351 Wedgewood Lane The Villages, FL 32162 Phone: (352) 259-0364 Fax: (352) 259-2174

February 10, 2005

ATTN: Division of Corporation

Annul Report

To whom it may concern,

Please make note of correction of typographical error of my last name:

Corrected:

EVALLE

Incorrect:

EVALLA

Please find enclosed fee and annual form.

Sincerely,

Winston Evalle

WIN Stan

President of the Corporation