


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 040 ***150.00

DOCUMENT # P03000089100	
1. Entity Name VILLAGES INTERNAL MEDICINE AND SENIOR CLINIC, PA	

Principal Place of Business 3351 WEDGEWOOD LANE THE VILLAGES, FL 32162	Mailing Address 4755 COUNTY ROAD 121D WILDWOOD, FL 34785
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02102005 Chg-P CR2E034 (10/03)

4. FEI Number 76-0739954		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 EVALL, WINSTON 4755 COUNTY ROAD 121D WILDWOOD, FL 34785		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVALA, WINSTON 4755 COUNTY ROAD 121D WILDWOOD, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVALA, WINSTON 4755 COUNTY ROAD 121D WILDWOOD FL 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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"/> Delete	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: Winston E. Evalle **WINSTON E-EVALLE** 2-10-2005 352-259 0364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

003000089100
50016911

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
Annual 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

President of the Corporation