2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2010
Secretary of State

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Entity Name: CITRUS PARK INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

16646 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273788
TAMPA, FL 336183788

New Mailing Address:

FEI Number: 20-1134999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY ESQ.
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: ODOM, MARTY W M.D.
Address: 16646 NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: DR
Name: ODOM, KIMBERLY P MD
Address: 16646 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

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: MARTY ODOM DR 01/20/2010

Electronic Signature of Signing Officer or Director Date