

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095835

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** INTERNAL MEDICINE ASSOCIATES OF FLORIDA INC.

**Current Principal Place of Business:**

601 N FLAMINGO RD  
SUITE 206A  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1720 VICTORIA POINTE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 20-1284230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, ANA MARIE  
1720 VICTORIA POINTE CIRCLE  
WESTON, FL 33327 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: D  
Name: GUTIERREZ, ALVIN L  
Address: 1720 VICTORIA POINTE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: D  
Name: GUTIERREZ, ANA MARIE  
Address: 1720 VICTORIA POINTE CIRCLE  
City-St-Zip: WESTON, FL 33327

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: ANA GUTIERREZ

ADMI

02/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date