


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 025 ***158.75

DOCUMENT # P04000152603 1. Entity Name FRAME INTERNAL MEDICINE GROUP, P.A.					
Principal Place of Business 806 ROSE AVENUE KISSIMMEE, FL 34741			Mailing Address 806 ROSE AVENUE KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 421605 Suite, Apt. #, etc.			
City & State		City & State Kissimmee, FL		4. FEI Number 35 2241543	
Zip 34742	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRAME, EDWARD L MD 806 ROSE AVENUE KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAME, EDWARD L MD 806 ROSE AVENUE KISSIMMEE, FL 34741		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			Date 7-26-05		Daytime Phone # 407-933-2445

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