

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093163

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: INTERNAL MEDICINE OF LAKE CITY, P.A.

## Current Principal Place of Business:

541 MORNING SUN DRIVE  
#637  
ORMOND BEACH, FL 32174-064 US

## Current Mailing Address:

541 MORNING SUN DRIVE  
#637  
ORMOND BEACH, FL 32174-064 US

## New Principal Place of Business:

334 SW COMMERCE DR  
2  
LAKE CITY, FL 32055 US

## New Mailing Address:

334 SW COMMERCE DR  
2  
LAKE CITY, FL 32055 US

FEI Number: 20-3359910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALI, SHAMMI M.D.  
541 MORNING SUN DRIVE  
#637  
ORMOND BEACH, FL 32174-064 US

## Name and Address of New Registered Agent:

BALI, SHAMMI M.D.  
334 SW COMMERCE DR  
2  
LAKE CITY, FL 32055 US

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:

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BALI, SHAMMI M.D.  
Address: 541 MORNING SUN DRIVE, #637  
City-St-Zip: ORMOND BEACH, FL 32174-064 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BALI, SHAMMI M.D.  
Address: 334 SW COMMERCE DR, STE 2  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHAMMI BALI

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date