

P05000093163

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(City/State/Zip/Phone #)

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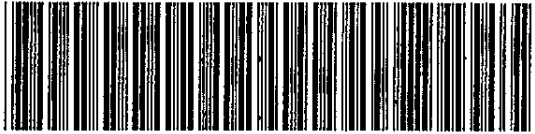
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTERNAL MEDICINE OF LAKE CITY, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000093163

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shammi Bali, M.D.  
(Name of Contact Person)

Internal Medicine of Lake City, P.A.  
(Firm/Company)

334 SW Commerce Drive, Suite 2  
(Address)

Lake City, Florida 32055  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shammi Bali, M.D. at ( 386 ) 755-1703  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Internal Medicine of Lake City, Inc.
- 2. The principal office address: 334 SW Commerce Drive, Suite 2, Lake City, Florida 32055
- 3. The mailing address (if different): Same

4. Date of incorporation/qualification: June 30, 2005 Document number: P05000093163

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Shammi Bali, M.D.  
541 Morning Sun Drive, #637  
Ormond Beach, Florida 32174-064

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shammi Bali, M.D.  
334 SW Commerce Drive, Suite 2  
(P.O. Box NOT acceptable)  
Lake City, Florida 32055


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Shammi Bali, M.D.  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

01/11/2006  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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