

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90003 008 ***558.75

DOCUMENT # P05000093163

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



Principal Place of Business
334 SW COMMERCE DR., STE. 102
LAKE CITY, FL 32055 US

Mailing Address
334 SW COMMERCE DR., STE. 102
LAKE CITY, FL 32055 US

40111777



2. Principal Place of Business - No P.O. Box #
289 SW STONEGATE TERRACE

3. Mailing Address
289 SW STONEGATE TERRACE

Suite, Apt. #, etc
SUITE 104

Suite, Apt. #, etc
SUITE 104

07032008 Chg-P CR2E034 (12/06)

City & State
LAKE CITY, FL

City & State
LAKE CITY, FL

4. FEI Number
20-3359910

Applied For
Not Applicable

Zip
32024

Country
COLUMBIA

Zip
32024

Country
COLUMBIA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALI, SHAMMI M.D.
334 SW COMMERCE DR., STE. 102
LAKE CITY, FL 32055

Name
BALI SHAMMI M.D.
Street Address (P.O. Box Number is Not Acceptable)
289 SW STONEGATE TERRACE
SUITE 104
City
LAKE CITY FL Zip Code
32024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
BALI, SHAMMI M.D.
STREET ADDRESS
334 SW COMMERCE DR, STE 102
CITY - ST - ZIP
LAKE CITY, FL 32055 ☐ Delete

TITLE
NAME
P
BALI SHAMMI MD
STREET ADDRESS
289 SW STONEGATE TERRACE STE 104
CITY - ST - ZIP
LAKE CITY, FL 32024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SHAMMIE BALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-2008 386 755-1703
Date Daytime Phone if