

P070000015132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200253937352

12/11/13--01007--012 \*\*35.00

FILED  
SECRETARY OF STATE  
13 DEC 11 PM 1:03

R+H/ch8  
@ 12.17.13

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Internal Medicine Specialists Medical Group, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P07000015132

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:

**R. David Evans**

Name of Contact Person

**Peterson & Myers, P.A.**

Firm/Company

**225 E. Lemon Street, Ste. 300**

Address

**Lakeland, Florida 33801**

City/State and Zip Code

**devans@petersonmyers.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**R. David Evans**

Name of Contact Person

at **863 683-6511**

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 Specialists Medical Group, P.A.
2. The principal office address: 3655 Innovation Drive  
Lakeland, Florida
3. The mailing address (if different): Post Office Box 1089  
Highland City, Florida 33846
4. Date of incorporation/qualification: 02/01/2007 Document number: P07000015132
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jon D. Hoppe (resigned)

225 E. Lemon Street, Ste. 300

Lakeland, Florida 33801

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

R. David Evans

225 E. Lemon Street, Ste. 300

P.O. Box NOT acceptable

Lakeland, Florida 33801

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]

Signature of an officer or director

Carlos A. Bourdo

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]

Signature of Registered Agent

11/12/2013

Date

If signing on behalf of an entity:

INTERNAL MEDICINE SPECIALISTS MEDICAL GROUP, P.A.

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

CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 11 PM 1:00