

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031855

FILED
Feb 10, 2010
Secretary of State

Entity Name: PINELLAS INTERNAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

8130 66TH STREET N STE 1
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

8130 66TH STREET N STE 1
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 26-2278995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANGELICI, LINA ESQ
ONE TAMPA CITY CENTER STE 3200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: DOWNS, SARA M D.O.
Address: 8130 66TH STREET N STE 1
City-St-Zip: PINELLAS PARK, FL 33781

Title: DR
Name: BISHKO, NICOLE D.O.
Address: 8130 66TH STREET N STE 1
City-St-Zip: PINELLAS PARK, FL 33781

Title: DR
Name: RAO, PRIYADARSHINI D.O.
Address: 8130 66TH STREET N STE 1
City-St-Zip: PINELLAS PARK, FL 33781

I hereby 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 all other like empowered.

SIGNATURE: SARA DOWNS

PRES

02/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date