

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054335

FILED
Feb 14, 2011
Secretary of State

Entity Name: INTERNAL MEDICINE INSTITUTE, P.A.

Current Principal Place of Business:

2000 OSPREY BLVD
SUITE 110
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2127 CLERMONT ST.
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 26-2752771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, IVETTE F
2127 CLERMONT ST.
WINTER HAVEN, FL 33881 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

OFFICERS AND DIRECTORS:

Title: DR.
Name: FELICIANO, BENIGNO
Address: 2127 CLERMONT ST.
City-St-Zip: WINTER HAVEN, FL 33881

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: BENIGNO FELICIANO

DR

02/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date