2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P08000059928

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

Current Principal Place of Business:

252 SOUTHPARK CIRCLE E.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

252 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1835 US 1 SOUTH, STE 119-310
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 26-2913971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: LAMERENS, GORE DE
Address: 1835 US 1 SOUTH, UNIT 119-310
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DE LAMERENS, GOAR M.D.
Address: 1835 US 1 SOUTH, UNIT 119-310
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GOAR DE LAMERENS, M.D. P 03/12/2009

Electronic Signature of Signing Officer or Director — Date