2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059928

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

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

252 SOUTHPARK CIRCLE E. 252 SOUTHPARK CIRCLE EAST ST AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRITCHARD, ROBERT H 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32202

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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