

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051928

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** FRANCU INTERNAL MEDICINE SPECIALISTS, P.A.

**Current Principal Place of Business:**

671 GOODLETTE RD, STE 140  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

671 GOODLETTE RD, STE 140  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 27-0372882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HL STATUTORY AGENTS, INC.  
800 LAUREL OAK DRIVE, SUITE 600  
NAPLES, FL 34108 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  
Name: FRANCU, DIANA  
Address: 10158 BOCA CIRCLE  
City-St-Zip: NAPLES, FL 34109

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: DIANA FRANCU

D

03/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date