

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088743

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR INTERNAL MEDICINE, INC. - TEMPLE TERRACE

**Current Principal Place of Business:**

4941 EAST BUSCH BLVD.  
SUITE #140  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5110 EISENHOWER BLVD  
SUITE #340B  
TAMPA, FL 33634 US

**New Mailing Address:**

4925 INDEPENDENCE PKWY  
SUITE #155  
TAMPA, FL 33634 US

**FEI Number:** 27-3830522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUMMINGS, PILAR  
5110 EISENHOWER BLVD.  
SUITE 340B  
TAMPA, FL 33634 US

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

CUMMINGS, PILAR  
4925 INDEPENDENCE PKWY  
SUITE 155  
TAMPA, FL 33634 US

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

01/24/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: CUMMINGS, PILAR  
Address: 4925 INDEPENDENCE PKWY SUITE 155  
City-St-Zip: TAMPA, FL 33634 US

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: PILAR CUMMINGS

S

01/24/2012

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

\_\_\_\_\_  
Date