

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088855

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR INTERNAL MEDICINE, INC. - M.L. KING

**Current Principal Place of Business:**

701 WEST MARTIN LUTHER KING, JR. BLVD  
SUITE #6  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 WEST MARTIN LUTHER KING, JR. BLVD  
SUITE #6  
TAMPA, FL 33603 US

**New Mailing Address:**

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

**FEI Number:** 27-3832825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUMMINGS, PILAR  
2051 LITTLE ROAD  
TRINITY, FL 34655 US

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

CUMMINGS, PILAR  
5110 EISENHOWER BLVD.  
SUITE #340B  
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:

01/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: CUMMINGS, PILAR  
Address: 5110 EISENHOWER BLVD. STE 340B  
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

01/19/2011

Electronic Signature of Signing Officer or Director

Date