

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000041133

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA INTERNAL MEDICINE ASSOCIATES, INC

**Current Principal Place of Business:**

4861 NW 15 STREET  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

1652 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

4861 NW 15 STREET  
COCONUT CREEK, FL 33063

**New Mailing Address:**

1652 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

**FEI Number:** 45-1955319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAINT-ELOI, RICHARD  
4861 NW 15 STREET  
COCONUT CREEK, FL 33063 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEMBARD, DONOVAN  
Address: 9700 NW 52ND MANOR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP  
Name: CABEZUDO, VICTOR  
Address: 600 VIA LUGANO, #108  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP  
Name: SAINT-ELOI, SANDRA  
Address: 4861 NW 15 STREET  
City-St-Zip: COCONUT CREEK, FL 33063

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: SANDRA SAINT-ELOI

VP

01/09/2012

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

\_\_\_\_\_  
Date