

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000031937

FILED
Sep 10, 2009
Secretary of State**Entity Name:** INTERNAL MEDICINE OF MIAMI GARDENS, INC.**Current Principal Place of Business:**18300 NW 62ND AVE
STE 300
HIALEAH, FL 33015 US**New Principal Place of Business:****Current Mailing Address:**18300 NW 62ND AVE
STE 300
HIALEAH, FL 33015 US**New Mailing Address:****FEI Number:** 65-0406516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANCHEZ, FERNANDO J
7191 SW 127 AVENUE
FORT LAUDERDALE, FL 33330 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:** DPT () Delete
Name: SANCHEZ, FERNANDO J
Address: 7191 SW 127 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD () Change (X) Addition
Name: SANCHEZ, VIVIAN
Address: 7191 SW 127 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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.

SIGNATURE: FERNANDO SANCHEZ

PRES

09/10/2009

Electronic Signature of Signing Officer or Director

Date