

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 005 ***150.00

DOCUMENT # P93000058321 -

1. Entity Name

INTERNAL MEDICINE ASSOCIATES OF BROWARD, P.A.



Principal Place of Business

201 NW 70TH AVE
STE D
FORT LAUDERDALE FL 33317
US

Mailing Address

P.O. BOX 16990
PLANTATION FL 33318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3195643**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SAEZ, ROBERTO**
STREET ADDRESS **4030 CROSSBILL LANE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **SAEZ ROBERTO**
STREET ADDRESS **1457 MARTINIQUE COURT #5601**
CITY-ST-ZIP **WESTON FLORIDA 33326** ☐ Change ☐ Addition

TITLE **CEO** ☒ Delete
NAME **SAEZ, ANGELA**
STREET ADDRESS **4030 CROSSBILL LANE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

954 791 8084

Daytime Phone #