

04/10/2001 09:19

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P94 0000 74880
1. Entity Name
FAMILY INTERNAL MEDICINE, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9013 SOUTHERN BREEZE DR
ORLANDO FL 32836

[Handwritten initials]

2. Principal Place of Business
3. Mailing Address
9013 Southern Breeze Dr
ORLANDO FL

4. FID Number
59 3272 284

05/21/01-90408 022 \$ 15500

5. Certificate of Status Desired 6. FID Number 7. FID Additional Fee Requested

8. Name and Address of Current Registered Agent
RAM REDDY MD.
9013 SOUTHERN BREEZE DR
ORLANDO FL 32836

9. Name and Address of New Registered Agent

10. 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 Ram REDDY PRES. Ram REDDY 6/10/01 4/21/01

11. This corporation is eligible to elect to be treated as a small business corporation. 12. Election Campaign Financing Plan Fund Contribution 13. FID may be added to fees

11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE	NAME AND STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME AND STREET ADDRESS CITY-STATE-ZIP
President	Ram REDDY 9013 Southern Breeze Dr ORLANDO FL 32836		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. Put I am an officer or director of the corporation or the majority or business partner as reported to constitute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the organizations.

SIGNATURE: Ram REDDY PRES. 4/21/01

Ram Reddy Pres.

6/10/01