


**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90231 022 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P94000074880**

1. Entity Name  
 FAMILY INTERNAL MEDICINE, P.A.



14010829

Principal Place of Business  
 900 GOLDEN ROD RD. S., #8  
 ORLANDO, FL 32822 US

Mailing Address  
 9013 SOUTHERN BREEZE DR.  
 ORLANDO, FL 32836

*Change to 5804 Lake Underhill Rd  
 ORLANDO FL 32807*



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3272284

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

REDDY, RAM  
 9013 SOUTHERN BREEZE DRIVE  
 ORLANDO, FL 32836

**DO NOT WRITE IN THIS SPACE**

9. 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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P REDDY, RAM, M.D. 9013 SOUTHERN BREEZE DR. ORLANDO, FL 32836
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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; 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: *R Ram* Date: 4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR