

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074880

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** FAMILY INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

5804 LAKE UNDERHILL RD  
SUITE C  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

5804 LAKE UNDERHILL RD  
SUITE C  
ORLANDO, FL 32807 US

**New Mailing Address:**

**FEI Number:** 59-3272284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REDDY, RAM  
9013 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 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: REDDY, RAM K M.D.  
Address: 9013 SOUTHERN BREEZE DR.  
City-St-Zip: ORLANDO, FL 32836

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: RAM REDDY

P

04/24/2012

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

\_\_\_\_\_  
Date