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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016817 (5)

1. Corporation Name

INTERNAL MEDICINE DIRECTIONS, INC.

Principal Place of Business

5222 N BAY RD
MIAMI BEACH FL 33140

Mailing Address

5222 N BAY RD
MIAMI BEACH FL 33140-2011



3. Date Incorporated or Qualified

03/01/1995

3a. Date of Last Report

02/26/1996

4. FEI Number

65-0581945

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

~~FARR, NEAL E~~
~~1550 MADRUGA AVE~~
~~SUITE 120~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name RICHARD JACOBS

82 Street Address (P.O. Box Number is Not Applicable)

5222 NORTH BAY RD

84 City MIAMI BEACH FL

85 Zip Code 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD F. JACOBS 1/14/97

12. OFFICERS AND DIRECTORS

TITLE D JACOBS, RICHARD F
NAME
STREET ADDRESS 5222 N BAY RD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P S T
1.2 NAME Jacobs, Richard F.
1.3 STREET ADDRESS 5222 North Bay Rd.
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE V
2.2 NAME Jacobs, Sally
2.3 STREET ADDRESS 5222 North Bay Rd.
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE RICHARD F. JACOBS 1/15/97 305-174-2462

CR2E034 (9/96)