2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P96000000881 1. Entity Name INTERNAL MEDICINE ASSOCIATES OF NORTH TAMPA. P.A. Principal Place of Business Mailing Address 3665 MADACA LANE 3665 MADACA LANE TAMPA, FL 33618 US TAMPA, FL 33618 03152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3370757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAHAN, BRUCE DO NOT WRITE 1331 DÉERBOURNE DR WESLEY CHAPEL, FL 33543 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE U00000120413 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/19/04-80131-005 150.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KAHAN, BRUCE NAME STREET ADDRESS 1331 DEERBOURNE DR CRY-SI-ZIP WESLEY CHAPEL, FL 33543 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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. 3_100- NO

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	BEGNATURE AND THE DOPPONTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

4(15/04

(813)960-7533

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