

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000881

FILED
Mar 23, 2009
Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES OF NORTH TAMPA, P.A.

Current Principal Place of Business:

3665 MADACA LANE
TAMPA, FL 33618 US

New Principal Place of Business:

3661 MADACA LANE
TAMPA, FL 33618 US

Current Mailing Address:

3665 MADACA LANE
TAMPA, FL 33618 US

New Mailing Address:

3661 MADACA LANE
TAMPA, FL 33618 US

FEI Number: 59-3370757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHAN, BRUCE
1331 DEERBOURNE DR
WESLEY CHAPEL, FL 33543 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: KAHAN, BRUCE
Address: 1331 DEERBOURNE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. KAHAN

DPVS

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date