

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014988

FILED  
Jan 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1510 N.W. 107TH TERRACE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

2631 NW 41ST STREET  
SUITE A  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-3380987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNEY, KEVIN I  
2631 N.W. 41ST ST.  
SUITE B  
GAINESVILLE, FL 32606 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: WILSON, CHARLES S M.D.  
Address: 1510 NW 107TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP  
Name: FIGG, STEVEN  
Address: 2801 NW 21 AVENUE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D  
Name: COCKEY, GEORGE H  
Address: 8847 SW 12TH ROAD  
City-St-Zip: GAINESVILLE, FL 326074961

Title: VP  
Name: ZALDIVAR, CALIXTO  
Address: 9804 NW 54 PLACE  
City-St-Zip: GAINESVILLE, FL 326532843

Title: S  
Name: KVERNELAND, KNUT JR MD  
Address: 1711 NW 66TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP  
Name: RAVULAPATI, AMITHA  
Address: 6500 WEST NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32605 US

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: CHARLES S. WILSON MD

PRES

01/10/2012

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

\_\_\_\_\_  
Date