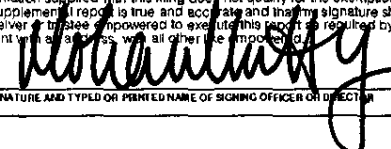


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000020000			
1. Entity Name PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC.			
Principal Place of Business 13911 LAKESHORE BLVD STE G HUDSON, FL 34667		Mailing Address 13911 LAKESHORE BLVD STE G HUDSON, FL 34667	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KUTTY, MOHAN 13911 LAKESHORE BLVD STE G HUDSON, FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check payable to Florida Department of State		Amend UBR 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUTTY, SHEELA 13911 LAKESHORE BLVD, STE. G HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUTTY, MOHAN 13911 LAKESHORE BLVD, STE G HUDSON, FL 34667 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 to this filing, with all other fee imposed.			
SIGNATURE: 		(727) 863-5449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CFR2034 (10/02)

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7/8/18