

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 AM 10:32

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1. Entity Name  
INTERNAL MEDICINE CLINIC, P.A.



Principal Place of Business  
8355 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

Mailing Address  
8355 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

REINSTATEMENT 04



08102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3402834

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSMAN, AYMAN  
8355 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
OSMAN, AYMAN  
8355 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900042240039  
10/27/04-01024-005 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

900042240039  
11/12/04-01060-006 \*\*\$200.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04 352-684-2929

Date

Daytime Phone #

11/18/04