


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # P96000069100 1. Entity Name INTERNAL MEDICINE CLINIC, P.A. |  |
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| Principal Place of Business 8355 NORTHCLIFFE BLVD SPRING HILL, FL 34606 US | Mailing Address 8355 NORTHCLIFFE BLVD SPRING HILL, FL 34606 US |
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3402834 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent OSMAN, AYMAN 8355 NORTHCLIFFE BLVD SPRING HILL, FL 34606 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000755122 05/22/07-80090-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OSMAN, AYMAN 8355 NORTHCLIFFE BLVD SPRING HILL, FL 34606 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 427-27 (352) 684-2929
Date Daytime Phone #