FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 05, 2002 8:00 am Secretary of State **DOCUMENT #** P96000076560 1. Entity Name PREMIER INTERNAL MEDICINE ASSOCIATES, P.A. 05-05-2002 90288 019 ***150.00 Principal Place of Business Mailing Address 3701 CORTEZ ROAD W. PO BOX 14056 **BRADENTON FL 34210 BRADENTON FL 34280** US Principal Place of Business 2225 59 51. West Mailing Address SAME AS. ABOUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite B City & State City & State 4. FEI Number Applied For Bradenton 65-0693423 Not Applicable Country Zip Country UŚA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARROJO, MARTA 3701 CORTEZ ROAD W. **BRADENTON FL-34210** 8. The above named en ity submits thi statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME ARROJO, GUSTAVO NAME STREET ADDRESS 3701 CORTEZ ROAD W. 2225 59 S+ W. - SteB. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Bradenton FL 34209 TITLE ☐ Defete ıIII ☐ Addition NAME ARROJO, GUSTAVO NAME STREET ADDRESS 3701 CORTEZ ROAD W. STREET ADDRESS 2225 59 StW. Sie Be CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Bradenton FL TITLE ☐ Delete THIE ☐ Addition HERNANDEZ, JORGE L NAME NAME STREET ADDRESS 3701 CORTEZ RD. WEST 2225 59 Stw. Ste. B. STREET ADDRES CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Bradenton FL 34209 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

13. 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 changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

WIIFGUSTAVO B. ARROJO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

(9/01)