


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 040 ***150.00

DOCUMENT # P97000010552 1. Entity Name INTER-MEDIC MEDICAL GROUP, P.A.					
Principal Place of Business 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02062004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0741457				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JOHN L ESQ 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD CASANOVA, E 2885 TAMiami TR PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GEORGE NACKLEY 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASANOVA, L 2885 TAMiami TR PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALIGERMA BHAT 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, JIMY 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES BARTER 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SASLOW, H 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS CIVITELLA Same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVER, JACINTO 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN RIOUX Same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELSER, M 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICTOR RODRIGUEZ Same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/26/04 Daytime Phone #: (941) 629-7501		

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2004 for Profit Corporation Annual Report
 INTER-MEDIC PHYSICIANS, P.A.
 DOCUMENT #P97000010552
 FEI NO. #65-0741457

ATTACHMENT #P00000054016

TITLE	V/D	DELETE	CHANGE	ADDITION
NAME	RODRIGUEZ-MARTIN ARTURO			
ST. ADDRESS	2885 TAMIAMI TRAIL			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
TITLE	V/D	DELETE	CHANGE	ADDITION
NAME	TORNER, JAIME			
ST. ADDRESS	2885 TAMIAMI TRAIL			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			