Apr 05, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT** 04-05-2004 90008 040 ***150.00 DOCUMENT # P97000010552 1. Entity Name INTER-MEDIC MEDICAL GROUP, P.A. Principal Place of Business Mailing Address 54026061 2885 TAMIAMI TRAIL 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number 65-0741457 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, JOHN L ESQ Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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_ Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOV After May 1, 2	N!!! FEE IS \$ 2004 Fee wil	

9. Election Campaign Financing

\$5,00 May Be

After Ma	y 1, 2004 Fee will be \$550.00	Trust Fund Contrib	ution. L	Added to Fees		
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASANOVA, E 2885 TAMIAMI TR PORT CHARLOTTE, FL 33952	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GEORGE NACKLEY 1885 TAMIANI, TRAIL PORT Charlotte, FL 33980	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASANOVA, L 2885 TAMIAMI TR PORT CHARLOTTE, FL 33952	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALIGERMA CHAT 2885 TAMIAMI TRAIL Port Charlotte, FL 33952	☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, JIMY 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Delete ~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES BARTEK 2885 TAMIAMI TICAIL Port Charlotte, FL 33952	☐ Change	5 ∑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SASLOW, H 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS CIVITELLA Some	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLIVER, JACINTO 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	JOHN RIOUX Same	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELSER, M 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	☐ Delele	TITLE NAME STREET ADDRESS CITY- ST-ZIP	VD VICTOR RODRIBUEZ Same	☐ Change	⊠ Addition
12 I baroby o	certify that the information cumplied with this filir	a does not qualify for th	a avamption sta	ted in Caption 110 07(2)(i) Elected Statutos I further as	etific that the is	formation

r mereby ceruly 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 the empowered.

SIGNATURE

ICER OR DIRECTOR TYPED OR PRINTED NAME OF

Date

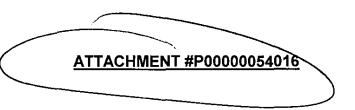
FILED

Applied For

Not Applicable

54026061

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



TITLE	V/D	DELETE	CHANGE	ADDITION	
NAME	RODRIGUEZ-MARTIN A	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			