2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# P97000039850

Entity Name: PALM WEST INTERNISTS, P.A.

Current Principal Place of Business:

13005 SOUTHERN BLVD
STE. 241
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 SOUTHERN BLVD
STE. 241
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0749322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLONGO, DR. JOSE F JR
15760 WEATHERLY ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

ALLONGO, DR. JOSE F JR
601 N. ATLANTIC DR
LANTANA, FL 33462 US

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.

SIGNATURE: 07/09/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLONGO, DR. JOSE F JR
Address: 15760 WEATHERLY ROAD
City-St-Zip: WEST PALM BCH, FL 33414

Title: D ( ) Delete
Name: ALLONGO, SUSANA E
Address: 15760 WEATHERLY ROAD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALLONGO, DR. JOSE F JR
Address: 601 N. ATLANTIC DR.
City-St-Zip: LANTANA, FL 33462

Title: D (X) Change ( ) Addition
Name: ALLONGO, SUSANA E
Address: 601 N. ATLANTIC DR.
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. ALLONGO, JR. DR 07/09/2007
Electronic Signature of Signing Officer or Director Date