


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000008756</b> 1. Entity Name TAMPA BAY INTERNAL MEDICINE, INC.	
---	---

Principal Place of Business 24014 STATE RD 54 LUTZ, FL 33559 US	Mailing Address 24014 STATE RD 54 LUTZ, FL 33559 US
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3489654	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  PATEL, SANDIP I 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000003588874 01/17/07-80090-023 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KANKOTIA, JERAM T M. D. 24014 SR 54 LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:**  **1/19/07** **(813)948-1234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JERAM T. KANKOTIA, M.D.**