2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076525

Entity Name: INTERNAL MEDICAL GROUP, INC.

FILED Mar 26, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
8614 BAYMEADOWS WAY #100							
JACKSONVILLE, FL 32256							
Current Mailing Address:				New Mailing Address:			
8614 BAYMEADOWS WAY, #100 JACKSONVILLE, FL 32256							
FEI Number:	59-3529139	FEI Number Applied For ()	El Numbe	er Not Applic	able ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	N	ame and A	Address of	New Registered Agent:	
GLOCK, RICHARD D M.D. 8614 BAYMEADOWS WAY #100 JACKSONVILLE, FL 32256 US				HUSEMAN, WILLIAM R ATTY 3733 UNIVERSITY BLVD. W STE 210B JACKSONVILLE, FL 32217 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: WILLIAM R. HUSEMAN					03/26/2009		
Electronic Signature of Registered Agent Date							
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E GLOCK, RICHAR 8614 BAYMEADO JACKSONVILLE,	DWS WAY, #100	Na Ad	ddress:	GLOCK, RICH	ADOWS WAY, #100	
Title: Name: Address: City-St-Zip:	D () E STEPP, JOSEPH 8614 BAYMEADO JACKSONVILLE,	DWS WAY, #100	Na Ac	ame: ddress:	STEPP, JOSE	ADOWS WAY, #100	
Title: Name: Address: City-St-Zip:	D () E GROCHMAL, RIC 8614 BAYMEADO JACKSONVILLE,	DWS WAY, #100	Na Ac	tle: ame: ddress: ity-St-Zip:	GROCHMAL,	X) Change ()Addition RICHARD A M.D. ADOWS WAY, #100 LE, FL 32256	
Title: Name: Address: City-St-Zip:	D () C CARTER, DAVID 8614 BAYMEADO JACKSONVILLE,	DWS WAY, #100	Na Ac	tle: ame: ddress: ity-St-Zip:	CARTER, DAY 8614 BAYMEA	X) Change()Addition /ID N M.D. ADOWS WAY, #100 LE, FL 32256	
Title: Name: Address: City-St-Zip:	()[Delete	Na Ad	tle: ame: ddress: ity-St-Zip:	BOX, LESLEI 8614 BAYMEA) Change (X) Addition GH A M.D. ADOWS WAY, #100 LE, FL 32256	
Title: Name: Address: City-St-Zip:	()[Delete	Na Ac	tle: ame: ddress: ity-St-Zip:	LEVENSON, I 8614 BAYMEA) Change (X) Addition LENE S M.D. ADOWS WAY #100 LE, FL 32256	

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: RICHARD D. GLOCK PRES 03/26/2009