

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076525

FILED
Apr 14, 2011
Secretary of State

Entity Name: INTERNAL MEDICAL GROUP, INC.

Current Principal Place of Business:

8614 BAYMEADOWS WAY
#100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8614 BAYMEADOWS WAY,
#100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3529139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R ATTY
3733 UNIVERSITY BLVD. W
STE 210B
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GLOCK, RICHARD D M.D.
Address: 8614 BAYMEADOWS WAY, #100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: STEPP, JOSEPH T M.D.
Address: 8614 BAYMEADOWS WAY, #100
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC
Name: GROCHMAL, RICHARD A M.D.
Address: 8614 BAYMEADOWS WAY, #100
City-St-Zip: JACKSONVILLE, FL 32256

Title: TREA
Name: CARTER, DAVID N M.D.
Address: 8614 BAYMEADOWS WAY, #100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: LEVENSON, ILENE S M.D.
Address: 8614 BAYMEADOWS WAY #100
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D. GLOCK

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date