

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000072610

1. Entity Name

INSTITUTE OF INTERNAL MEDICINE, P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90124 049 ***150.00

Principal Place of Business Mailing Address
1100 S. PONCE DE LEON BLVD., SUITE 1100-3A 1100 S. PONCE DE LEON BLVD., SUITE 1100-3A
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086-4299

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3638351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON, LISA M
4475 US 1 SOUTH, SUITE 201
ST. AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Carmen C. Vivero, MD

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

(NOTE: Registered Agent signature required when reinstating)

4-13-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Owner/President ☐ Delete
CARMEN C. VIVERO, M.D.
1100 S. Ponce de Leon Blvd, Suite 3A
St. Augustine, FL 32086

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen C. Vivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 (904) 827-0500

CR2E034 (9/99)