

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082075

FILED
Jan 17, 2005
Secretary of State

Entity Name: HAINES CITY INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

306 SOUTH TENTH STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

306 SOUTH TENTH STREET
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 65-0951037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLENDE, GUILLERMO
306 SOUTH TENTH STREET
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLENDE, GUILLERMO
Address: 306 SOUTH TENTH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: VSTD () Delete
Name: STINE, JAY C JR
Address: 306 SOUTH TENTH STREET
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GUILLERMO ALLENDE

PD

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date