

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000082075

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

608 INGRAHAM AVENUE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

608 INGRAHAM AVENUE  
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  
608 INGRAHAM AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLENDE, GUILLERMO  
Address: 608 INGRAHAM AVENUE  
City-St-Zip: HAINES CITY, FL 33844

Title: VSTD  
Name: STINE, JAY C JR  
Address: 608 INGRAHAM AVENUE  
City-St-Zip: HAINES CITY, FL 33844

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: GUILLERMO ALLENDE

PD

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date