


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90298 045 ***150.00

DOCUMENT # P99000093968	
1. Entity Name AMELIA INTERNAL MEDICINE, P.A.	

Principal Place of Business 1250 SOUTH 18TH ST. FERNANDINA BEACH, FL 32034	Mailing Address 1250 SOUTH 18TH ST. FERNANDINA BEACH, FL 32034
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04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CLYDE W
 20 SOUTH 5TH ST.
 FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

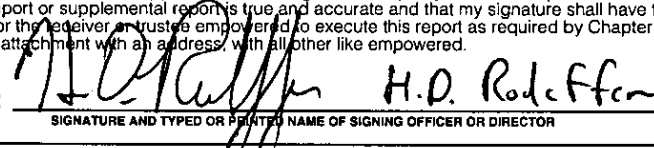
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURFORD, GERALD B
STREET ADDRESS	1250 SOUTH 18TH ST.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	DEVANE, P. TODD
STREET ADDRESS	1250 SOUTH 18TH ST.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	RODEFFER, HENRY D
STREET ADDRESS	1250 S 18TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **H.D. Rodeffer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-04** Daytime Phone #: **9042774690**