2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000093968

1. Entity Name
AMELIA INTERNAL MEDICINE, P.A.

Principal Place of Business	Mailing Address
1250 SOUTH 18TH ST. SUITE 202 FERNANDINA BEACH, FL 32034	1250 SOUTH 18TH ST. SUITE 202 FERNANDINA BEACH, FL 32034

03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3612375
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000532195
05/06/06 80075-012 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: P. Todd DeVane 4/24/06 (904)277-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #