2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093968

Entity Name: AMELIA INTERNAL MEDICINE, P.A.

RODEFFER, HENRY D

1250 S 18TH STREET

FERNANDINA BEACH, FL 32034

Name:

Address:

City-St-Zip:

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1250 SOUTH 18TH ST. SUITE 202 FERNANDINA BEACH, FL 32034 **New Mailing Address: Current Mailing Address:** 1250 SOUTH 18TH ST. SUITE 202 FERNANDINA BEACH, FL 32034 FEI Number: 59-3612375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, CLYDE W 20 SOÚTH 5TH ST. FERNANDINA BEACH, FL 32034 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BURFORD, GERALD B Name: Name: 1250 SOUTH 18TH ST. Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DEVANE, P. TODD Name: 1250 SOUTH 18TH ST. Address: Address: FERNANDINA BEACH, FL 32034 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HENRY D. RODEFFER D 01/23/2007