

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093968

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: AMELIA INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

1250 SOUTH 18TH ST.  
SUITE 202  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1250 SOUTH 18TH ST.  
SUITE 202  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

FEI Number: 59-3612375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, CLYDE W  
960185 GATEWAY BLVD  
FERNANDINA BEACH, FL 32034      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: D      ( ) Delete  
Name: BURFORD, GERALD B  
Address: 1250 SOUTH 18TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D      ( ) Delete  
Name: DEVANE, P. TODD  
Address: 1250 SOUTH 18TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D      ( ) Delete  
Name: RODEFFER, HENRY D  
Address: 1250 S 18TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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.

SIGNATURE: HENRY D. RODEFFER

D

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date