

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093968

FILED  
Jan 04, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BURFORD, GERALD B  
Address: 1250 SOUTH 18TH ST.  
City-St-Zip: FERNANDINA BEACH, FL 32034

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

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

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: GERALD B BURFORD

D

01/04/2012

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

\_\_\_\_\_  
Date