

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # S20087 (0)

1. Corporation Name

INTERNAL MEDICINE CONSULTANTS OF ST. LUCIE COUNTY,  
P.A.

Principal Place of Business

% JAY I. SCHORR  
1900 NEBRASKA AVE., SUITE 3  
FT. PIERCE FL 34950

Mailing Address

% JAY I. SCHORR  
1900 NEBRASKA AVE., SUITE 3  
FT. PIERCE FL 34950

3. Date Incorporated or Qualified  
12/20/1990

3a. Date of Last Report  
02/28/1995

2. Principal Place of Business

21 2401 FRIST BLVD.

2a. Mailing Address

26 2401 FRIST BLVD.

4. FEI Number  
59-3040749

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 SUITE #1

Suite, Apt. #, etc.

27 SUITE #1

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 FT. PIERCE, FL

City & State

28 FT. PIERCE, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 34950

Country

Zip

29 34950

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHORR, JAY I.  
1900 NEBRASKA AVE.  
SUITE 3  
FT. PIERCE FL 34950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2401 FRIST BLVD.

83 SUITE #1

84 City

FT. PIERCE

FL

85 Zip Code

34950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
SCHORR, JAY I.  
STREET ADDRESS  
1900 NEBRASKA AVE., #3  
CITY-STATE-ZIP  
FT. PIERCE FL

1.2 TITLE ☐ DELETE

NAME  
VP  
COSTAS, CAROL  
STREET ADDRESS  
1900 NEBRASKA AVE #3  
CITY-STATE-ZIP  
FT. PIERCE FL

1.3 TITLE ☐ DELETE

NAME  
S  
BEISER, STEVE  
STREET ADDRESS  
1900 NEBRASKA AVE #3  
CITY-STATE-ZIP  
FT. PIERCE FL

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
2401 FRIST BLVD. SUITE #1  
1.4 CITY-STATE-ZIP  
FT. PIERCE, FL 34950

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2401 FRIST BLVD. SUITE #1  
2.4 CITY-STATE-ZIP  
FT. PIERCE, FL 34950

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
2401 FRIST BLVD. SUITE #1  
3.4 CITY-STATE-ZIP  
FT. PIERCE, FL 34950

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407)464-0033

CR2E034 (12/95)