


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S20087 1. Entity Name INTERNAL MEDICINE CONSULTANTS OF ST. LUCIE COUNTY, P.A.	
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Principal Place of Business 2401 FRIST BLVD STE 1 FT. PIERCE, FL 34950 US	Mailing Address 2401 FRIST BLVD STE 1 FT. PIERCE, FL 34950 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3040749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHORR, JAY I. 2401 FRIST BLVD STE 1 FT. PIERCE, FL 34950
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**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000188662
01/24/05-80065-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHORR, JAY I. 2401 FRIST BLVD, STE 1 FT. PIERCE, FL 34950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # **772-464-0033**