2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# S20087

Entity Name: INTERNAL MEDICINE CONSULTANTS OF ST. LUCIE COUNTY, P.A.

Current Principal Place of Business:

2401 FRIST BLVD
STE 1
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

2401 FRIST BLVD
STE 1
FT. PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 59-3040749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHORR, JAY I MD
496 WATERS DRIVE
FORT PIERCE, FL 34946 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: PD
Name: SCHORR, JAY I.
Address: 2401 FRIST BLVD, STE 1
City-St-Zip: FT. PIERCE, FL 34950

Title: ST
Name: HIGGINS, DONNA L
Address: 2401 FRIST BLVD STE 1
City-St-Zip: FORT PIERCE, FL 34950

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: DONNA HIGGINS ST 01/13/2010

Electronic Signature of Signing Officer or Director Date