

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01039

FILED
Aug 05, 2009
Secretary of State

Entity Name: PLANT CITY INTERNAL MEDICINE SPECIALISTS, P.A.

Current Principal Place of Business:

1601 W TIMBERLANE DR
SUITE 100
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

1601 W TIMBERLANE DR
SUITE 100
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-3121564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVE
1601 W TIMBERLANE DR
SUITE 100
PLANT CITY, FL 33567 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, STEVE DR
Address: 1601 W TIMBERLANE DR, STE 100
City-St-Zip: PLANT CITY, FL 33566 US

Title: D () Delete
Name: BERCHELMANN, CHRISTOPHER DR
Address: 1601 W TIMBERLANE DR, STE 100
City-St-Zip: PLANT CITY, FL 33566 US

Title: D () Delete
Name: HOPKINS, SHEYLA N DR
Address: 1601 W TIMBERLANE DRIVE, SUITE 100
City-St-Zip: PLANT CITY, FL 33566 US

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: CHRISTOPHER BERCHELMANN

D

08/05/2009

Electronic Signature of Signing Officer or Director

_____ Date