2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01039

FILED Apr 28, 2010 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

1601 W TIMBERLANE DR

1907 SOUTH ALEXANDER STREET

SUITE 100 PLANT CITY, FL 33567 PLANT CITY, FL 33566

Current Mailing Address:

New Mailing Address:

1601 W TIMBERLANE DR SUITE 100

1907 SOUTH ALEXANDER STREET

PLANT CITY, FL 33567

PLANT CITY, FL 33566

FEI Number: 59-3121564 FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US

Name and Address of New Registered Agent:

SMITH, STEVE 1601 W TIMBERLANE DR SUITE 100 PLANT CITY, FL 33567 US SMITH, STEVE 1907 SOUTH ALEXANDER STREET

PLANT CITY, FL 33566

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: STEVE SMITH

04/28/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

SMITH, STEVE DR Name:

1907 SOUTH ALEXANDER STREET Address: City-St-Zip: PLANT CITY, FL 33566 US

Title:

Name: BERCHELMANN, CHRISTOPHER DR 1907 SOUTH ALEXANDER STREET Address:

PLANT CITY, FL 33566 US City-St-Zip:

Title:

HOPKINS, SHEYLA N DR Name:

1907 SOUTH ALEXANDER STREET Address: City-St-Zip: PLANT CITY, FL 33566 US

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: DR. CHRIS BERCHELMANN

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04/28/2010