2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01039

Apr 11, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1907 SOUTH ALEXANDER STREET 1907 SOUTH ALEXANDER STREET PLANT CITY, FL 33566

SUITE 1

PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

1907 SOUTH ALEXANDER STREET 1907 SOUTH ALEXANDER STREET

PLANT CITY, FL 33566 SUITE 1

PLANT CITY, FL 33566 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, STEVE SMITH, STEVE 1907 SOUTH ALEXANDER STREET 1907 SOUTH ALEXANDER STREET

PLANT CITY, FL 33566 SUITE 1 PLANT CITY, FL 33566 US

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: 04/11/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

SMITH, STEVE DR Name:

1907 SOUTH ALEXANDER STREET SUITE 1 Address:

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

Title:

Name: BERCHELMANN, CHRISTOPHER DR 1907 SOUTH ALEXANDER STREET SUITE 1 Address:

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

Title:

HOPKINS, SHEYLA N DR Name:

1907 SOUTH ALEXANDER STREET SUITE 1 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 CHRISTOPHER BERCHELMANN DIR 04/11/2011