

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21838

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: THE CENTRE FOR INTERNAL MEDICINE, P.A.

## Current Principal Place of Business:

9850 STIRLING RD  
SUITE 103  
COOPER CITY, FL 330248024 US

## New Principal Place of Business:

## Current Mailing Address:

9850 STIRLING RD  
SUITE 103  
COOPER CITY, FL 330248042 US

## New Mailing Address:

9850 STIRLING RD  
SUITE 103  
COOPER CITY, FL 330248024 US

FEI Number: 65-0320256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENSTEIN, MARC H  
9850 STIRLING RD  
SUITE 103  
COOPER CITY, FL 33024 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: P ( ) Delete  
Name: GREENSTEIN, MARC  
Address: 9850 STIRLING RD #103  
City-St-Zip: COOPER CITY, FL 33024

Title: VP ( ) Delete  
Name: QUINTELA, PABLO A  
Address: 9850 STIRLING RD, SUITE 103  
City-St-Zip: COOPER CITY, FL 33024

Title: S ( ) Delete  
Name: ALONSO, ESTHER  
Address: 9850 STIRLING RD, SUITE 103  
City-St-Zip: COOPER CITY, FL 33024

## 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: PABLO QUINTELA

VP

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date