2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# V21838

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 330248024 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: GREENSTEIN, MARC
Address: 9850 STIRLING RD #103
City-St-Zip: COOPER CITY, FL 33024

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

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

Title: T
Name: BARROSO, RODOLFO F
Address: 9850 STIRLING RD, SUITE 103
City-St-Zip: COOPER CITY, FL 33024

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: PABLO QUINTELA VP 01/10/2011

Electronic Signature of Signing Officer or Director — Date