

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47051

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** INTERNAL MEDICINE GROUP OF WINTER HAVEN, P.A.

**Current Principal Place of Business:**

400 AVENUE K, S.E.  
SUITE 11  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 AVENUE K, S.E.  
SUITE 11  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number:** 59-3121610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAKER, ROBIN A.  
400 AVENUE K, S.E.  
SUITE 11  
WINTER HAVEN, FL 33880 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: PD  
Name: BAKER, ROBIN A.  
Address: 400 AVENUE K, SE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP  
Name: HUNTER, JEFFREY  
Address: 400 AVE K.S.E.  
City-St-Zip: WINTER HAVEN, FL 33880 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: ROBIN A. BAKER

PD

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date