

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000111310

Entity Name: INTERNAL MEDICINE ASSOCIATES, P.A.**Current Principal Place of Business:**1601 CLINT MOORE RD
#115
BOCA RATON, FL 33487**Current Mailing Address:**1601 CLINT MOORE RD
#115
BOCA RATON, FL 33487**FEI Number:** 65-1061541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROSS, JEFFREY DM.D.
1601 CLINT MOORE RD
#115
BOCA RATON, FL 33487 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, SECRETARY
Name	COHEN, MEYER
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	PRESIDENT
Name	GROSS, JEFFREY
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	LEHMANN, ANDREW
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	KLEIN, AARON
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	ROSENBERG, MARC
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	LEVINE, SARA
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	SKOCZYLAS, LEOR
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	SLOTNICK, DAVID
Address	1601 CLINT MOORE RD #115
City-State-Zip:	BOCA RATON FL 33487

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: JEFFREY GROSS**PRESIDENT****03/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date