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: CHARLES B STONE

Electronic Signature of Registered Agent

Officer/Direc	tor Detail :
Title	PRESIDENT
Marris	

SIGNATURE: CHARLES B STONE

Title	PRESIDENT
Name	STONE, CHARLES B DR.
Addross	

3700 WASHINGTON ST STE 305 Address

City-State-Zip: HOLLYWOOD FL 33021

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086472

Entity Name: INTERNAL MEDICINE SPECIALTY ASSOCIATES, P.A.

Current Principal Place of Business:

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

Current Mailing Address:

3700 WASHINGTON ST STE 305 HOLLYWOOD, FL 33021

FEI Number: 20-5124006

Name and Address of Current Registered Agent:

STONE, CHARLES B 3700 WASHINGTON ST STE 305

HOLLYWOOD, FL 33021 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.

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2024 Secretary of State 3144688190CC

Certificate of Status Desired: No

04/29/2024

Date

PRESIDENT

04/29/2024

Date