

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000074880

Entity Name: FAMILY INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

5804 LAKE UNDERHILL RD
SUITE C
ORLANDO, FL 32807

Current Mailing Address:

5804 LAKE UNDERHILL RD
SUITE C
ORLANDO, FL 32807 US

FEI Number: 59-3272284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDDY, RAM
9013 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836 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 PRESIDENT
Name REDDY, RAM K DR.
Address 5804 LAKE UNDERHILL RD
 SUITE C
City-State-Zip: ORLANDO FL 32807

Title PARTNER/DIRECTOR
Name CELIA, MYRES
Address 5804 LAKE UNDERHILL RD
 SUITE C
City-State-Zip: ORLANDO FL 32807

Title PARTNER/DIRECTOR
Name JOANNE, EAMES
Address 5804 LAKE UNDERHILL RD
 SUITE C
City-State-Zip: ORLANDO FL 32807

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: RAM REDDY M.D.

PRESIDENT

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date