El Number: 59-3272284	Certificate of Status Desired: No
ame and Address of Current Registered Agent:	
EDDY, MADHU BALA K 113 SOUTHERN BREEZE DRIVE RLANDO, FL 32836 US	
e above named entity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida.
	06/20/20

DOCUMENT# P94000074880	

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: FAMILY INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

9013 SOUTHERN BREEZE DR ORLANDO, FL 32836

Current Mailing Address:

9013 SOUTHERN BREEZE DR ORLANDO, FL 32836 US

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			-		
	SIGNATURE	: MADHU BALA K REDDY			06/30/2020
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	VP	Title	PRESIDENT	
	Name	MYRES, CELIA MANAGER	Name	REDDY, RAM K	
	Address	9013 SOUTHERN BREEZE DR	Address	9013 SOUTHERN BREEZE DR	
	City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836	

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

PRESIDENT

06/30/2020 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jun 30, 2020 **Secretary of State** 1409191196CC