			Certificate of Status Desired. NO	
Name and Address of Current Registered Agent:				
REDDY, MADHU BALA K 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.				
SIGNATUR	E: MADHU BALA REDDY			04/29/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	MGMR	Title	MGMR	
Name	MYRES, CELIA	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	
Title	MGMR			
Name	REDDY, MADHU BALA K			
Address	9013 SOUTHERN BREEZE DR			

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.

City-State-Zip: ORLANDO FL 32836

SIGNATURE: RAM REDDY

Electronic Signature of Signing Officer/Director Detail

Entity Name: FAMILY INTERNAL MEDICINE, P.A.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9013 SOUTHERN BREEZE DR ORLANDO, FL 32836

Current Mailing Address:

9013 SOUTHERN BREEZE DR ORLANDO, FL 32836 US

FEI Number: 59-3272284

N

DOCUMENT# P94000074880

Certificate of Status Desired: No

MGMR

FILED Apr 29, 2022 Secretary of State 9834908420CC

Date