2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074880

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

FEI Number: 59-3272284 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYRES, CELIA 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: CELIA MYRES 01/23/2019

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2019

Secretary of State

6268908622CC

Officer/Director Detail:

Title VP Title PRESIDENT

Name REDDY, MADHU BALA K 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.