

2016 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:

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 DIRECTOR, TRUSTEE
Name CELIA, MYRES
Address 9013 SOUTHERN BREEZE DR
City-State-Zip: ORLANDO FL 32836

Title MANAGING MEMBER
Name REDDY, RAM K
Address 9013 SOUTHERN BREEZE DR
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

MGM

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date