2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2025
Secretary of State
6594546533CC

DOCUMENT# P96000014988

Entity Name: HOSPITAL INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

2631-A NW 41ST STREET
`
GAINESVILLE, FL 32606

Current Mailing Address:

2631 NW 41ST STREET
SUITE A
GAINESVILLE, FL 32606 US

FEI Number: 59-3380987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESA, HANDEL G
1510 NW 107TH TERRACE
GAINESVILLE, FL 32606 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: HANDEL G. DESA 04/17/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	WILSON, CHARLES S
Address	1510 NW 107TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	VP
Name	COCKEY, GEORGE H
Address	8847 SW 12TH ROAD
City-State-Zip:	GAINESVILLE FL 32607-4961

Title	VP
Name	KVERNELAND, KNUT JR
Address	1711 NW 66TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	TREASURER
Name	BRASINGTON, ALLEN
Address	6500 WEST NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	FIGG, STEVEN
Address	2801 NW 21 AVENUE
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	ZALDIVAR, CALIXTO
Address	9804 NW 54 PLACE
City-State-Zip:	GAINESVILLE FL 32653-2843

Title	VP
Name	BAZIKIAN, YVETTE
Address	6500 WEST NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	GADIKOTA, JAYA
Address	6500 WEST NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32605

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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: HANDEL G. DESA P 04/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title VP
Name VANSLUYTMAN, GILLIAN
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name VENTURA, XENIA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title P
Name DE SA, HANDEL
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name NASIR, IRFAN
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name GUPTA, ABHA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name PADAM, SRIPAL
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name EDARA, PRIYANKA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name BURT, REBECCA
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name VASQUEZ, ROBERT SEBASTIAN
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name JANI, MAULIK
Address 6500 W NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name CASTELLANOS, JAIMIE
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name ARORA, PULKIT
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name SUN, LIANG
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name MONSOUR, CHRISTOPHER
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name MILLAN, TERANCE F.
Address 6500 WEST NEWBERRY ROAD
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Title VP
Name CALLAHAN, ANGELITA
Address 6500 WEST NEWBERRY ROAD
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Title VP
Name WILSON, JOSHUA
Address 6500 WEST NEWBERRY ROAD
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Title VP
Name GILL, AJAYPAL
Address 6500 WEST NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32605

Title VP
Name BADENHORST, FRANS
Address 6500 W NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32605