

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000093968

**FILED  
Jan 10, 2014  
Secretary of State  
CC3329715081**

**Entity Name:** AMELIA INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

1250 SOUTH 18TH ST.  
SUITE 202  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1250 SOUTH 18TH ST.  
SUITE 202  
FERNANDINA BEACH, FL 32034

**FEI Number: 59-3612375**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, CLYDE W  
960185 GATEWAY BLVD  
FERNANDINA BEACH, FL 32034 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 D  
Name BURFORD, GERALD B  
Address 1250 SOUTH 18TH ST.  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name DEVANE, P. TODD  
Address 1250 SOUTH 18TH ST.  
City-State-Zip: FERNANDINA BEACH FL 32034

Title D  
Name RODEFFER, HENRY D  
Address 1250 S 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

*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: GERALD B BURFORD**

**DIRECTOR**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date