2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2014
Secretary of State
CC2672201673

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Entity Name: CENTRAL FLORIDA INTERNAL MEDICINE ASSOCIATES, P.L.

Current Principal Place of Business:

4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812

Current Mailing Address:

P.O.BOX 2316
BARTOW, FL 33831

FEI Number: 20-5104499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KORLEY, SAM MARK M.D.
4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812 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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	MANAGER
Name	KORLEY, SAM MARK M.D.	Name	KORLEY, ISABELLA
Address	4725 US HIGHWAY 98 S SUITE 101	Address	P.O.BOX 2316
City-State-Zip:	LAKELAND FL 33812	City-State-Zip:	BARTOW FL 33831

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISABELLA KORLEY MGR 02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date