

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047248	
1. Entity Name SPACE COAST INTERNAL MEDICINE & GERIATRIC CORP.	

Principal Place of Business 7075 NORTH US -1 SUITE 500 PORT ST. JOHN FL 32927	Mailing Address 7075 NORTH US -1 SUITE 500 PORT ST. JOHN FL 32927
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE ☐ CR2E034 (11/03)

4. FEI Number 59-3578159	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RASUL, FAIAZ M 4270 INDIAN RIVER DR COCOA FL 32927	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RASUL, FAIAZ M	NAME	U00000025735
STREET ADDRESS	4270 INDIAN RIVER DR	STREET ADDRESS	02/02/04-80117-012 150.00
CITY-ST-ZIP	COCOA FL 32927	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAIAZ M. RASUL MD 01-29-04 321-639-4743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #