


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 012 \*\*\*\*61.25

<b>DOCUMENT # N06000004925</b> 1. Entity Name SPACE COAST MEDICAL ASSOCIATES FOUNDATION, INC.					
Principal Place of Business 850 CENTURY MEDICAL DRIVE TITUSVILLE, FL 32796				Mailing Address 850 CENTURY MEDICAL DRIVE TITUSVILLE, FL 32796	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, RICHARD M M.D. 850 CENTURY MEDICAL DRIVE TITUSVILLE, FL 32796				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Levine, Richard M., MD				
CITY - ST - ZIP	850 Century Medical Dr. Titusville, FL 32796				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Zimm, Solomon				
CITY - ST - ZIP	850 Century Medical Dr. Titusville, FL 32796				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Sprawls, R.D.				
CITY - ST - ZIP	850 Century Medical Dr. Titusville, FL 32796				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Castro, Juan L.				
CITY - ST - ZIP	485 River Moorings Dr. Merritt Island, FL 32953				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Dalal, Ashish V.				
CITY - ST - ZIP	5306 Royal Paddock Wy. Merritt Island, FL 32953				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Blaine, Germaine M.				
CITY - ST - ZIP	194 Sonja Dr. Cocoa, FL 32926				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 517, 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: _____			_____ Date: 2/28/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		