

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90401 008 \*\*\*150.00

**DOCUMENT # P01000031526**

1. Entity Name

SOUTH BAY PRIMARY NEUROLOGY CARE, P.A.



Principal Place of Business

4051 UPPER CREEK DR, STE 111  
SUN CITY CENTER FL 33573

Mailing Address

4051 UPPER CREEK DR, STE 111  
SUN CITY CENTER FL 33573

2. Principal Place of Business

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

VALENCIA, CHRISTOPHER L M.D.  
4051 UPPER CREEK DR, STE 111  
SUN CITY CENTER FL 33573

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME VALENCIA, CHRISTOPHER L M.D.  
STREET ADDRESS 4051 UPPER CREEK DR, STE 111  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER L VALENCIA  
PRESIDENT

4/15/04

Date

(813) 634-3323

Daytime Phone #