
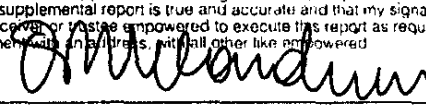


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90753 019 \*\*\*150.00

<b>DOCUMENT # P01000048013</b> 1. Entity Name <b>CENTRAL FLORIDA INPATIENT MEDICINE, P.A.</b>			
Principal Place of Business <b>1950 LEE RD STE 105 WINTER PARK, FL 32789</b>		Mailing Address <b>1950 LEE RD STE 105 WINTER PARK, FL 32789</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>BUILDER, J. LINDSAY JR, ESQ. 369 N. NEW YORK AVE., 3RD FL WINTER PARK, FL 32790</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 resigning) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>NAGDA, KRISHAN 3406 BISHOP PARK DR., #429 WINTER PARK, FL 32792</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>VELARDI, ANTONIO R 7909 HORSE FERRY RD. ORLANDO, FL 32835</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME 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 recipient 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			
<b>SIGNATURE:</b> 		Date: <b>6/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #	