

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000048013

1. Entity Name
CENTRAL FLORIDA INPATIENT MEDICINE, P.A.Principal Place of Business
1950 LEE RD
STE 105
WINTER PARK, FL 32789Mailing Address
1950 LEE RD
STE 105
WINTER PARK, FL 32789**DO NOT WRITE IN THIS SPACE**
**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90753 019 ***150.00



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3718647Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.ESQ.
369 N. NEW YORK AVE., 3RD FL
WINTER PARK, FL 32790**DO NOT WRITE
IN THIS SPACE**

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 terminating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: NAGDA, KRISHAN
STREET ADDRESS: 3406 BISHOP PARK DR., #429
CITY-ST-ZIP: WINTER PARK, FL 32792TITLE: D
NAME: VELARDI, ANTONIO R
STREET ADDRESS: 7909 HORSE FERRY RD.
CITY-ST-ZIP: ORLANDO, FL 32835TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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IN THIS SPACE**

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, in my address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #