


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000048850
 1. Entity Name
 BEACHES NEUROLOGY, P.A.



Principal Place of Business 1370 13TH AVENUE SOUTH SUITE 215 JACKSONVILLE BEACH, FL 32250	Mailing Address 1370 13TH AVENUE SOUTH SUITE 215 JACKSONVILLE BEACH, FL 32250
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3718359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FAIRBANKS, RANDAL C
 217 PONTE VEDRA PARK DRIVE SUITE 200
 PONTE VEDRA BEACH, FL 32082

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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 *Thomas M Snyder* DATE 3/22/04
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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, THOMAS M MD 1370 13TH AVENUE SOUTH SUITE 215 JACKSONVILLE BEACH, FL 32250
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 04/12/04-80034-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Thomas M Snyder* President 4/9/04 904249-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #