

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015319

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** SPACE COAST NEUROLOGY & PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

1515 INDIAN RIVER BOULEVARD  
SUITE A210  
VERO BEACH, FL 329607103

**New Principal Place of Business:**

4961 BABCOCK ST. N.E.  
SUITE # 7  
PALM BAY, FL 32905

**Current Mailing Address:**

1515 INDIAN RIVER BOULEVARD  
SUITE A210  
VERO BEACH, FL 329607103

**New Mailing Address:**

PO BOX 500898  
MALABAR, FL 32950

**FEI Number:** 54-2141437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BOULEVARD  
SUITE A210  
VERO BEACH, FL 329607103 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HASHMI, MASOOD  
Address: 4982 FOURTH LANE  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MASOOD HASHMI

DR.

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date