

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED

**Feb 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000015319

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



Principal Place of Business

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

Mailing Address

**PO BOX 500898
MALABAR, FL 32950**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2141437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEC CONSULTANTS, INC.
1515 INDIAN RIVER BOULEVARD
SUITE A210
VERO BEACH, FL 32960-7103**

**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 reinstating)

DATE

2.19.07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
HASHMI, MASOOD
4982 FOURTH LANE
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000644647
03/02/07-80051-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2.19.07

Date

Daytime Phone #

321 984 7997