

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000015319

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

109 NE 19TH DRIVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

PO BOX 500898  
MALABAR, FL 32950

**New Mailing Address:**

**FEI Number:** 54-2141437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOIS A FREDRICKS, INC  
1501 R J CONLAN BLVD  
SUITE 170  
PALM BAY, FL 32905 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  
**Name:** HASHMI, MASOOD  
**Address:** 4982 FOURTH LANE  
**City-St-Zip:** VERO BEACH, FL 32968

I hereby 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 all other like empowered.

**SIGNATURE:** MASOOD HASHMI

D

01/19/2010

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

\_\_\_\_\_  
Date