2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P04000015319

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

Current Principal Place of Business:

109 NE 19TH DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

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

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 MD 03/17/2011
Electronic Signature of Signing Officer or Director Date