

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90011 047 ***158.75

DOCUMENT # P96000022183 1. Entity Name NATURE COAST PEDIATRICS, INC.					
Principal Place of Business 512 N. LECANTO HWY. LECANTO, FL 34460			Mailing Address P.O. BOX 316 LECANTO, FL 34460		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3329336	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEGUR, NAGANHUSHAN M 817 N. SPENDABUCK DRIVE INVERNESS, FL 34463				7. Name and Address of New Registered Agent 556 W. BRITAIN ST. HERNANDO FL 34442	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 03/30/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
PREVIOUS FILING: FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHUSHAN, KOMALA NAGA M.D. 817 N. SPENDABUCK DRIVE INVERNESS, FL 34463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHUSHAN KOMALA NAGA M.D. 556 W BRITAIN ST. HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGUR, NAGABHUSHAN M 817 N. SPENDABUCK DRIVE INVERNESS, FL 34463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGUR NAGABHUSHAN M 556 W BRITAIN ST. HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 03/31/04 Daytime Phone #: 352-527-2944		

54026204



04022004 Chg-P CR2E034 (10/03)

P.S. change of address.