

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3329336

54026204

Applied For
Not Applicable

5. Certificate of Status Desired
 **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEGUR, NAGANHUSHAN M
817 N. SPENDABUCK DRIVE
INVERNESS, FL 34453**

**556 W. BRITAIN ST.
HERNANDO FL 34442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: *Bon Haga Begur*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE: *03/30/04*

**RECOMMENDATION
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: PD
NAME: BHUSHAN, KOMALA NAGA M.D.
STREET ADDRESS: 817 N. SPENDABUCK DRIVE
CITY-ST-ZIP: INVERNESS, FL 34453**

Delete

**TITLE: PD
NAME: BHUSHAN, KOMALA NAGA M.D.
STREET ADDRESS: 556 W. BRITAIN ST.
CITY-ST-ZIP: HERNANDO FL 34442**

Change Addition

**TITLE: D
NAME: BEGUR, NAGABHUSHAN M
STREET ADDRESS: 817 N. SPENDABUCK DRIVE
CITY-ST-ZIP: INVERNESS, FL 34453**

Delete

**TITLE: D
NAME: BEGUR, NAGABHUSHAN M
STREET ADDRESS: 556 W. BRITAIN ST.
CITY-ST-ZIP: HERNANDO FL 34442**

Change Addition

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Delete

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Change Addition

**TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:**

Delete

**TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:**

Change Addition

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CITY-ST-ZIP:**

Delete

**TITLE:
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Change Addition

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Delete

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Change 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: *Bon Haga Begur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/31/04 352-527-2944

P.S. Change of address.