


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-15-2006 90097 044 ****50.00
03-31-2006 90014 038 ****108.75



1st MOORE CR2E034 (10/05)

DOCUMENT # P99000047248			
1. Entity Name SPACE COAST INTERNAL MEDICINE & GERIATRIC CORP.			
Principal Place of Business 7227 NORTH US HIGHWAY 1 COCOA FL 32927		Mailing Address 7227 NORTH US HIGHWAY 1 COCOA FL 32927	
2. Principal Place of Business 990 PALM ST		3. Mailing Address P.O. Box - 549	
Suite, Apt. #, etc. SUITE -1		Suite, Apt. #, etc. SHARPES	
City & State FORT ST. JOHN		City & State FL -	
Zip FL-32927	Country U.S.A	Zip FL-32959	Country U.S.A
4. FEI Number 59-3578159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RASUL, FAIAZ M 4270 INDIAN RIVER DR COCOA FL 32927		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASUL, FAIAZ M 4270 INDIAN RIVER DR COCOA FL 32927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASUL FAIAZ, M 990 PALM ST FORT ST. JOHN, FL-32927 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____		03.28.06 321-639-4243	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	