


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 020 \*\*\*550.00

**DOCUMENT # P99000097380**

1. Entity Name  
 SJB, M.D., P.A.



Principal Place of Business  
 3 PINE CONE DRIVE #106  
 PALM COAST, FL 32137

Mailing Address  
 3 PINE CONE DRIVE #106  
 PALM COAST, FL 32137

2. Principal Place of Business  
 61 MEMORIAL MEDICAL PKWY  
 Suite, Apt. #, etc.  
 SUITE 1-800B  
 City & State  
 PALM COAST, FL  
 Zip  
 32164  
 Country  
 USA

3. Mailing Address  
 61 MEMORIAL MEDICAL PKWY  
 Suite, Apt. #, etc.  
 SUITE 1-800B  
 City & State  
 PALM COAST, FL  
 Zip  
 32164  
 Country  
 USA



07132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 BROWN, STEVEN J M.D.  
 3 PINE CONE DRIVE #106  
 PALM COAST, FL 32137


4. FEI Number  
 59-3608173

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 STEVEN J. BROWN, M.D.  
 Street Address (P.O. Box Number is Not Acceptable)  
 61 MEMORIAL MEDICAL PKWY  
 SUITE 1-800B  
 City  
 PALM COAST FL Zip Code  
 32164

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  DATE 7/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BROWN, STEVEN J MD	3 PINE CONE DRIVE SUITE 106	PALM COAST, FL 32137	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	STEVEN J BROWN, MD	61 MEMORIAL MEDICAL PKWY	SUITE 1-800B PALM COAST, FL 32164	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:  DATE 7/13/07 386-437-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #