

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)

4. FEI Number

59-3608173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, STEVEN J M.D.
3 PINE CONE DRIVE #106
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

STEVEN J. BROWN, MD

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/04

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
P
BROWN, STEVEN J MD
3 PINE CONE DRIVE SUITE 106
PALM COAST, FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
STEVEN J BROWN, MD
61 MEMORIAL MEDICAL PKWY
SUITE 1-800B
PALM COAST, FL 32164

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04 386-437-5959

Date

Daytime Phone #