

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000015319

**Entity Name:** SPACE COAST NEUROLOGY & PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

109 NE 19TH DRIVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

PO BOX 500898  
MALABAR, FL 32950

**FEI Number: 54-2141437**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOIS A FREDRICKS. INC  
1501 R J CONLAN BLVD  
SUITE 170  
PALM BAY, FL 32905 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HASHMI, MASOOD  
Address 502 W MYRTLE DR  
City-State-Zip: CHANDLER AZ 85248

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MASOOD HASHMI**

**MD**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date