


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90007 037 \*\*\*158.75

**DOCUMENT # P00000062689**

1. Entity Name  
 OCALA RESEARCH INSTITUTE, INC.



Principal Place of Business  
 3919 SE LAKE WEIR AVE.  
 OCALA, FL 34480

Mailing Address  
 3919 SE LAKE WEIR AVE.  
 OCALA, FL 34480

34066470



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03232004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3655757

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

PRASHAD, RAKESH MD  
 3919 SE LAKE WEIR AVE.  
 OCALA, FL 34480

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 *R Prasad* DATE 3/23/04

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

**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                      | D <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PRASHAD, RAKESH MD                            | NAME  |   |
| STREET ADDRESS             | 3919 SE LAKE WEIR AVE.                        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | OCALA, FL 34480                               | CITY-ST-ZIP   |   |
| TITLE                      | ST <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PRASHAD, SEEMA                                | NAME  |   |
| STREET ADDRESS             | 3919 SE LAKE WEIR AVE.                        | STREET ADDRESS  |   |
| CITY-ST-ZIP                | OCALA, FL 34480                               | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |

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: *R Prasad* DATE 3/23/04 DAYTIME PHONE # (352) 622-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR