


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90023 026 \*\*\*150.00

**DOCUMENT # P0000062689**

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

40071469



2. Principal Place of Business - No P.O. Box #  
 2930 SE 3<sup>rd</sup> COURT

3. Mailing Address  
 2930 SE 3<sup>rd</sup> COURT

Suite, Apt. #, etc.

04162008 Chg-P CR2E034 (12/06)

City & State  
 Ocala, FL

City & State  
 Ocala, FL

Zip  
 34471

Country  
 USA

Zip  
 34471

Country  
 USA

4. FEI Number  
 59-3655757

Applied For  
 Not Applicable

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

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  
 PRASHAD, RAKESH


Street Address (P.O. Box Number is Not Acceptable)  
 2930 SE 3<sup>rd</sup> COURT

City  
 Ocala

FL

Zip Code  
 34471

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: 4/15/08

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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D PRASHAD, RAKESH MD 3919 SE LAKE WEIR AVE. OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRASHAD, RAKESH 2930 SE 3 <sup>rd</sup> COURT Ocala, FL 34471 <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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: 4/15/08 1352)622-7008

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