

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037212

Entity Name: FREEDOM HEALTH, INC.

FILED  
Mar 14, 2005  
Secretary of State

**Current Principal Place of Business:**

2955 SE 3RD CT  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2955 SE 3RD CT  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 41-2128275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAGIDIPATI, SIDDHARTHA  
1321 SW 42ND ST  
OCALA, FL 34474 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAGIDIPATI, DEVAIAH M D  
Address: 2955 SE 3RD CT  
City-St-Zip: Ocala, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PAGIDIPATI, SIDDHARTHA  
Address: 1321 SW 42ND STREET  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Change (X) Addition  
Name: PAGIDIPATI, SRUJANI  
Address: 229 SW 23RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Change (X) Addition  
Name: RAO, KRISHNA P  
Address: 1133 SE 18TH PLACE #1  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEVAIAH PAGIDIPATI

P

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date