

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90089 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Research Associates of Central Fl. Inc.

Principal Place of Business

Mailing Address

2101 SW 20th Place
 Ocala, Fl 34474

2101 SW 20th Place
 Ocala, Fl 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/13/98

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3533225

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

Paul L. Urban, MD
 1431 SW First Street
 Ocala, Fl 34474

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title (application)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Paul L. Urban, MD	
STREET ADDRESS	1431 SW First Street	
CITY, ST, ZIP	Ocala, Fl 34474	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Chandra Das, MD	
STREET ADDRESS	2101 SW 20th Place	
CITY, ST, ZIP	Ocala, Fl 34474	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Robert McGhee, DO	
STREET ADDRESS	2101 SW 20th Place	
CITY, ST, ZIP	Ocala, Fl 34474	
TITLE	Asst Secy	<input type="checkbox"/> DELETE
NAME	Joseph Alonzo, MD	
STREET ADDRESS	2101 SW 20th Place	
CITY, ST, ZIP	Ocala, Fl 34474	
TITLE	Asst Treas	<input type="checkbox"/> DELETE
NAME	David A. Sackin, MD	
STREET ADDRESS	3576 SW 24th Ave Rd	
CITY, ST, ZIP	Ocala, Fl 34474-7012	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Rakesh Prashad, MD	
STREET ADDRESS	1431 SW First Street	
CITY, ST, ZIP	Ocala, Fl 34474	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

CR2E034 (1/98)