

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90143 012 ***150.00

DOCUMENT # 998000071637
1. Entity Name
RESEARCH ASSOCIATES OF CENTRAL FLORIDA, INC. ✓

Principal Place of Business **Mailing Address**
2101 SW 20TH PLACE **2101 SW 20TH PLACE**
OCALA, FL 34474 **OCALA, FL 34474**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-3533225 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PAUL L. URBAN, MD
1431 SW FIRST STREET
OCALA, FL 34474

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.
SIGNATURE *Paul L. Urban* **DATE** 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete PAUL L. URBAN, MD 1431 SW FIRST STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Delete CHANDRA DAS, MD 2101 SW 20TH PLACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Delete ROBERT MCGHEE, DO 2101 SW 20TH PLACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Delete RAKESH PRASHAD, MD 1431 SW FIRST STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SECY <input checked="" type="checkbox"/> Delete JOSEPH ALONZO, MD 2101 SW 20TH PLACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREAS <input checked="" type="checkbox"/> Delete DAVID A. SACKIN, MD 3576 SW 24TH AVE RD. OCALA, FL 34474-7012

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Alonzo* **DATE** 4/30/00 **Daytime Phone #**

CR2E034 (9/99)

Doc# P98000671637

Attachment 660879

Research Associates of Central FL, Inc
Attachment to 2000 Uniform Business Report(UBR)

Line 12. Additions/Changes to Officers and Directors in 11:

D Addition
Eligeti, Ramulu, MD
4320 NE 1st Lane
Ocala, FL 34471

D Addition
Rao, Srisha, MD
307 SW 14th Street
Ocala, FL 34474