2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96375

1. Entity Name
RAMULU ELIGETI, M.D., P.A.

Principal Place of Business	Mailing Address
~~307 S.W. 14TH STREET~~ 2111 SW 20th Place	~~307 S.W. 14TH STREET~~ 2111 SW 20th Place
OCALA, FL 34474- US 7034	OCALA, FL 34474- US 7034

24007143

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2216443	Not Applicable

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

6. Name and Address of Current Registered Agent

ELIGETI, RAMULU, M.D.
~~307 SW 14TH ST.~~ 2111 SW 20th Place
OCALA, FL ~~32671~~ 34474-7034

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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 _____   RAMULU ELIGETI, M.D.   1/21/04

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

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

TITLE	DP
NAME	ELIGETI, RAMULU
STREET ADDRESS	~~307 S.W. 14TH STREET~~ 2111 SW 20th Place
CITY-ST-ZIP	OCALA, FL 00000, 34474-7034

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   1/21/04   352-622-4251

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