

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90850

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** CHALLA'S CITRUS AND MARION GERIATRICS ASSOCIATES, P.A.

**Current Principal Place of Business:**

9401 SW SR 200 BLDG 700  
STE. 701  
OCALA, FL 34481 US

**New Principal Place of Business:**

**Current Mailing Address:**

134 NW 88TH TERRACE  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

9401 SW SR 200 BLDG 700  
STE. 701  
OCALA, FL 34481 US

**FEI Number:** 59-2838640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHALLA, HANIMI R  
134 N.W. 88TH TERRACE  
GAINESVILLE, FL 32607 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:** PST ( ) Delete  
**Name:** CHALLA, HANIMI R  
**Address:** 134 NW 88TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32607 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** HANIMI R CHALLA

PST

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date