

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Minton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69551

(5)

1. Corporation Name

VARMA & PERICHERLA, M.D., P.A.



Principal Place of Business

**C/O STEVEN M. CHAMBERLAIN
150 SE 17TH ST., STE 503
OCALA FL 32671**

Mailing Address

**C/O STEVEN M. CHAMBERLAIN
150 SE 17TH ST., STE 503
OCALA FL 32671**

2. Principal Place of Business

2a. Mailing Address

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Subj. Apt. #, etc.

Subj. Apt. #, etc.

22 City & State

27 City & State

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Zip Country

Zip Country

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9. Name and Address of Current Registered Agent

**PERICHERLA M.D., SAROJINI
150 SE 17 ST
SUITE 503
OCALA FL 34471**

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Name **Sarojini Pericherla, M.D.**

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Street Address (P.O. Box Number is Not Acceptable) **2825 S. E. 3rd. Court**

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So. PineMedical Park

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City **Ocala FL 85 Zip Code 34471**

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, I, the undersigned, hereby certify that the information furnished herein is true and correct, and that my signature shall have the same legal effect as if made under oath, had I been sworn to do so, and that the provisions of the Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the Florida Statutes.

SIGNATURE

Sarojini Pericherla, M.D.

12. OFFICERS AND DIRECTORS

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**PSTV
PERICHERLA, MD, SAROJINI
150 SE 17TH ST. STE 503
OCALA FL**

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

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