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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

						4		
DOCUMENT # K69551  1. Corporation Name								
VARMA & PERICHERLA, M.D., P.A.								
י רשאווזריא	X FLINORILIDA, MID., I A.						Dia denia dina di dia di Di	( <b>8</b> )) <b>1</b> )(1)
Principal Place	of Rusiness	Mailing Address				) (ANINI) EIN NIIIN ININ NIIN NIIN NIIN INI	NSI BINTI OSBIT BINSI DI	
•			DA					
VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT		VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT						
OCALA FL 34471		OCALA FL 34471			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						03/01/1989		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				59-2927242		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	t t
22		27 - City & State				a file of a control file of		·
City & State	e .	<b>⊢</b> '				6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	• 1
7in	Country	Zip	Countr	<del></del> -		This corporation owes the current year		71000
Zip	25	29 3		,		Personal Property Tax.		□No
24	9. Name and Address of Current					10. Name and Address of New Register	red Agent	
			8	1 Name				
Pericherla, sarojini MD				7 Chunch	A al al a a	ss (P.O. Box Number is Not Acceptable)		
2825 SE 3RD COURT			8	z Street	Audres	ss (P.O. Box Number is Not Acceptable)		
SO. PINEMEDICAL PARK			8	3				
OCALA FL 34471			8	A City			. 85 Zip C	`ode
••				4 City		I	FL	-
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named	corpor	ration submits this statement for the purpose	a of changing its	registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	norized b	v the com	oration	's board of directors. I hereby accept the ap	pointment as reg	Jistered
SIGNATURE								1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		ent signature	required v	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PSTV	☐ DELETE	1.1 TITLE		١٠٠١	<b>.</b>	☐ Change	Addition
NAME	PERICHERLA, MD, SAROJINI		1.2 NAME	ŧ	Sil	iph Pericherla		
STREET ADDRESS	2825 SE THIRD CT.		1.3 STRE	ET ADDRESS	51	Arrive		
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-					Mulia:
TITLE	VICE PRES.	☐ DELETE	2.1 TITLE			CRETARY	Change	<b>∠</b> Addition
NAME	SILPA PERICHERLA		2.2 NAME		Hie	BA U. Muntasia, MA		:
STREET ADDRESS			2.3 STRE	ET ADDRESS	5A.	me-		
CITY-ST-ZIP	· respirate and approximately the first	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY		. ~ -			[ ] Addition
πιε	<del>Secremen</del>	☐ DELETE	3.1 TITLE		1		☐ Change	☐ Addition
NAME	HIRA MUHTASIB, ND	<b>-</b>	3.2 NAME					
STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP		C perette	3.4. CITY				☐ Change	☐ Addition
TITLE		DELETE	4.1 TITLE				☐ Change	CT vagagon
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4,4 CITY-				[ ] Change	Addition
TITLE		☐ NETCIC	5.1 TITLE 5.2 NAME		]		L_I Ontailige	
NAME				Et address				,
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		1		Change	Addition
TITLE		C DELLIL	6.2 NAME					

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)(i), 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 op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TEQUIRES TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR