

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90148 020 \*\*\*150.00

**DOCUMENT # K69551**

1. Entity Name  
**VARMA & PERICHERLA, M.D., P.A.** *R*

Principal Place of Business: **VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT OCALA FL 34471**

Mailing Address: **VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT OCALA FL 34471**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-2927242** 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  
**PERICHERLA, SAROJINI MD**  
**2825 SE 3RD COURT**  
**SO. PINEMEDICAL PARK**  
**OCALA FL 34471**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>PERICHERLA, MD, SAROJINI</b> <b>2825 SE THIRD CT.</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PERICHERLA, SILPA</b> <b>2825 SE THIRD CT.</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MUNTASIB, HIBA M.D.</b> <b>2825 SE THIRD CT.</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** *[Signature]* **7/20/2000** **(352) 368-2606**

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

CR2E034 (5/00)

K69551

~~VARMA & PERICHERLA~~  
VARMA & PERICHERLA

ADDITION

Sarojini Pericherla, M.D., F.A.C.O.G.  
Hiba Muhtasib, M.D., F.A.C.O.G.  
Diplomates of American Board of Obstetrics & Gynecology

Varma, P. S., M.D.  
Diplomate of American Board of Surgery

July 20, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Department of State:

Please find enclosed our 2000 UNIFORM BUSINESS REPORT, document K69551, for corporation, VARMA & PERICHERLA, M.D., P.A. This form states that this is our second notice, however, we never received our first notice which I understand was mailed out sometime in January or February 2000. In past years we have always filed promptly, but for some reason this year we never received our notice as usual. So please accept our apology and this payment of \$150.00.

If this payment is not acceptable please notify our office. We appreciate your consideration in this matter.

Sincerely,



Sarojini Pericherla, M.D.

SP:mg  
check enclosed

FEI# 59-2927242