

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 004 ***150.00

DOCUMENT # K69551
 1. Entity Name
VARMA & PERICHERLA, M.D., P.A.

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
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80058040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2927242	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE PT	NAME PERICHERLA, MD, SAROJINI <input type="checkbox"/> Delete STREET ADDRESS 2825 SE THIRD CT. CITY-ST-ZIP OCALA FL 34471
TITLE VP	NAME PERICHERLA, SILPA <input type="checkbox"/> Delete STREET ADDRESS 2825 SE THIRD CT. CITY-ST-ZIP OCALA FL 34471
TITLE S	NAME MUNTASIB, HIBA M.D. <input checked="" type="checkbox"/> Delete STREET ADDRESS 2825 SE THIRD CT. CITY-ST-ZIP OCALA FL 34471
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP

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: *SAROJINI PERICHERLA* Date 1/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (8/01)