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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90187 018 ***150.00

DOCUMENT # K69551

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

Principal Place of Business	Mailing Address
VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT OCALA, FL 34471	VARMA & PERICHERLA M.D. PA. 2825 SE THIRD COURT OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2927242
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERICHERLA, SAROJINI MD
2925 SE 3RD COURT
SO. PINEMEDICAL PARK
OCALA, FL 34471

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10 OFFICERS AND DIRECTORS

TITLE	PT
NAME	PERICHERLA, MD, SAROJINI
STREET ADDRESS	2825 SE THIRD CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	~~PT~~
NAME	~~PERICHERLA, S, MD~~
STREET ADDRESS	2825 SE THIRD CT.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarojini Pericherla M.D. 7-2-04 352-368-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*Note: please accept $450.00 without any penalty as we never received any notice till today about this form & hopefully we always get them early in the year.
As per telephone conversation with Mr Lee Rivers $450.00 will be accepted for this time Sarojini Pericherla 7/2/04.