


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

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



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
2825 SE 3RD COURT
SO. PINEMEDICAL PARK
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1000000428828
02/21/06-80065-005 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Perichera 2/1/06 352-368-2606.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #