

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69551

FILED  
Apr 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

VARMA & PERICHERLA M.D. PA.  
2825 SE THIRD COURT  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

VARMA & PERICHERLA M.D. PA.  
2825 SE THIRD COURT  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-2927242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERICHERLA, SAROJINI MD  
2825 SE 3RD COURT  
SO. PINEMEDICAL PARK  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

PERICHERLA, SAROJINI MD  
2825 SE 3RD COURT  
SO PINE MEDICAL PARK  
OCALA, FL 34471 US

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: \_\_\_\_\_ 04/02/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: PERICHERLA, MD, SAROJINI  
Address: 2825 SE THIRD CT.  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: PERICHERLA, VARMA S MD  
Address: 2825 SE THIRD CT  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAROJINI PERICHERLA, M.D.      PT      04/02/2009  
Electronic Signature of Signing Officer or Director      Date