

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69551

FILED
Feb 14, 2012
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 PINE MEDICAL PARK
OCALA, FL 34471 US

Name and Address of New Registered Agent:

PERICHERLA, SAROJINI MD
2825 SE 3RD COURT
SOUTH 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: SAROJINI PERICHERLA MD

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: PERICHERLA, VARMA S MD
Address: 2825 SE THIRD CT
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: SAROJINI PERICHERLA, MD

PRES

02/14/2012

Electronic Signature of Signing Officer or Director

Date