

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 24 AM 9:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K69551

1. Entry 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**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip Country

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
SQ. PINEMEDICAL PARK
OCALA, FL 34471**

7. Name and Address of New Registered Agent

8. The above named entry 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 _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. PERICHERLA, MD SAROJINI 2825 SE THIRD CT. OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERICHERLA, SILPA 2825 SE THIRD CT. OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNTASIB, HIBA M.D. 2825 SE THIRD CT. OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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 Pericharla* 6/18/03 352-368-2606
DATE: 6/18/03

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