

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K98442** (2)

1. Corporation Name

MARION MEDICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**1040 SW 2ND AVENUE
OCALA FL 34471**

**1040 SW 2ND AVENUE
OCALA FL 34471**



3. Date Incorporated or Qualified

07/01/1989

3a. Date of Last Report

06/09/1995

4. FEI Number

59-2951256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VASUDEVAN, RAM
1040 SW 2ND AVE.
OCALA FL 34471**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making change of registered agent and that of applicable

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P VASUDEVAN, RAM**
STREET ADDRESS **1040 SW 2ND AVE.**
CITY-ST-ZIP **OCALA FL 34471**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **ST VASUDEVAN, ANJU**
STREET ADDRESS **1040 SW 2ND AVE.**
CITY-ST-ZIP **OCALA FL 34471**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-96 352-732-3005

CR2E034 (3/96)