

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98442

FILED
Apr 29, 2005
Secretary of State

Entity Name: MARION MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

1623 SW 1ST AVENUE
OCALA, FL 34474

Current Mailing Address:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Mailing Address:

1623 SW 1ST AVENUE
OCALA, FL 34474

FEI Number: 59-2951256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASUDEVAN, RAM M.D.
1040 SW 2ND AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VASUDEVAN, RAM M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: VASUDEVAN, ANJU M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: REDDY, K N M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VASUDEVAN, RAM M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474

Title: VD (X) Change () Addition
Name: VASUDEVAN, ANJU M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474

Title: ST (X) Change () Addition
Name: REDDY, K N M.D.
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KN REDDY

ST

04/29/2005

Electronic Signature of Signing Officer or Director

Date