

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K98442

FILED  
May 06, 2003  
Secretary of State

Entity Name: MARION MEDICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

1040 SW 2ND AVENUE  
OCALA, FL 34471

## New Principal Place of Business:

1040 SW 2ND AVENUE  
OCALA, FL 34474

## Current Mailing Address:

1040 SW 2ND 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 (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

VASUDEVAN, RAM  
1040 SW 2ND AVE.  
OCALA, FL 34474 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:

05/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VASUDEVAN, RAM  
Address: 1040 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete  
Name: VASUDEVAN, ANJU  
Address: 1040 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete  
Name: REDDY, K N  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VASUDEVAN, RAM  
Address: 1040 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34474

Title: V (X) Change ( ) Addition  
Name: VASUDEVAN, ANJU  
Address: 1040 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34474

Title: ST (X) Change ( ) Addition  
Name: REDDY, K N  
Address: 1040 SW 2ND AVE  
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

05/06/2003

Electronic Signature of Signing Officer or Director

Date