

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N13378

1. Entity Name
MANAG PROFESSIONAL PARK, INC.



Principal Place of Business

**150 S.E. 17TH ST. #400
OCALA, FL 34471 US**

Mailing Address

**150 S.E. 17TH ST. #400
OCALA, FL 34471 US**



03182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2852636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**NAGDA, HARSHADA R.
439 SW 48TH ST RD
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/18/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	NAGDA, HARSHADA
STREET ADDRESS	439 SW 48TH ST. RD.
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	NAGADA, RASIK
STREET ADDRESS	439 SW 48TH ST. RD.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	SWAMINATHAN, DR.
STREET ADDRESS	150 SE 17TH ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000292155
04/07/05-80058-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05
Date

352-622-9226
Daytime Phone #