


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

FILED

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

DOCUMENT # N13380 1. Entity Name WOOD OAKS PROFESSIONAL PARK, INC.	
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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
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03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2852645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAGDA, HARSHADA R. 439 SW 48TH ST RD OCALA, FL 34474
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**DO NOT WRITE
IN THIS SPACE**

8. 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  **3/18/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD NAGDA, HARSHADA 439 SW 48TH ST. RD. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAGDA, RASIK 439 SW 48TH ST. RD. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWAMINATHAN, LEWIN DR 150 S.E. 17 STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000292156
04/07/05-80058-021 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  **3/18/05 352-622-9226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #