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May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003385

1. Corporation Name
VELISETTI MEDICAL CENTER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business 3309 S.W. 34TH CIRCLE OCALA FL 34474	Mailing Address 3309 S.W. 34TH CIRCLE OCALA FL 34474
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/11/1994	4. FEI Number 59-2697943	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

VELISETTI, RAVI K
3309 S.W. 34TH CIRCLE
OCALA FL 34474

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELISETTI, RAVI K	1.2 NAME	
STREET ADDRESS	3309 SW 34TH CIRCLE, STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELISETTI, ASHA	2.2 NAME	
STREET ADDRESS	3309 S.W. 34TH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, DANIEL	3.2 NAME	
STREET ADDRESS	3309 S.W. 34TH CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHA VELISETTI **SIGNATURE REQUIRED** 1/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)