

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90093 041 ****61.25

DOCUMENT # N94000003385

1. Entity Name

VELISETTI MEDICAL CENTER MANAGEMENT ASSOCIATION,

Principal Place of Business

Mailing Address

**3309 S.W. 34TH CIRCLE
 Ocala FL 34474**

**3309 S.W. 34TH CIRCLE
 Ocala FL 34474-3370**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2697943

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VELISETTI, RAVI K 3309 SW 34TH CIRCLE, STE 100 OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VELISETTI, ASHA 3309 S.W. 34TH CIRCLE OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, DANIEL 3309 S.W. 34TH CIRCLE OCALA FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asha Velisetty MD 1/20/00

Date

Daytime Phone #

CR2E037 (9/99)