

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90023 018 ****61.25

DOCUMENT # N94000003385

1. Entity Name

VELISETTI MEDICAL CENTER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

00103933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3309 SW 34 Circle

3309 SW 34 Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

City & State

City & State

OCALA FL.

OCALA FL.

4. FEI Number

59-2697943

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

34474

MARION

34474

MARION

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

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

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 life empowered.

SIGNATURE: *Ashwa Velisetti MD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

Daytime Phone #

CR2E037 (9/01)