2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2003 8:00 am
Secretary of State
01-13-2003 90700 040 ****61.25

DOCUMENT # N94000003385

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

Principal Place of Business	Mailing Address
3309 S.W. 34TH CIRCLE #100 OCALA FL 34474	3309 S.W. 34TH CIRCLE #100 OCALA FL 34474

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2697943 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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. 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) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VELISETTI, RAVI K	NAME	
STREET ADDRESS	3309 SW 34TH CIRCLE, STE 100	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VELISETTI, ASHA	NAME	
STREET ADDRESS	3309 S.W. 34TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	CITY-ST-ZIP	
TITLE	D ☒ Delete (T)	TITLE	☐ Change ☐ Addition
NAME	HICKS, DANIEL TRUSTEE	NAME	
STREET ADDRESS	3309 S.W. 34TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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] RAVI K. VELISETTI — 1/3/03 — (352)237-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED