


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 016 ****61.25

DOCUMENT # N97000005057	
1. Entity Name MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1040 SW 2ND AVE OCALA, FL 34470	Mailing Address 1040 SW 2ND AVE OCALA, FL 34470
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04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2951256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VASUDEJAN, RAM 1040 SW 2ND AVE OCALA, FL 34474
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOTTEL, DAWN 1040 SW 2ND AVE OCALA, FL 34704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASUDEVAN, RAMABHADHAN 1040 SW 2ND AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VASUDEVAN, ANJU 1040 SW 2ND AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Henry A. Evans Agent 4-4-04 (352) 351-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #