

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005057

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1040 SW 2ND AVE  
OCALA, FL 34470

**New Principal Place of Business:**

1040 SW 2ND AVE  
OCALA, FL 34474

**Current Mailing Address:**

1040 SW 2ND AVE  
OCALA, FL 34470

**New Mailing Address:**

1040 SW 2ND AVE  
OCALA, FL 34474

**FEI Number:** 59-2951256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASUDEUAN, RAM  
1040 SW 2ND AVE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: TOTTEL, DAWN  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34704

Title: PD ( ) Delete  
Name: VASUDEVAN, RAMABHADHAN  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34470

Title: VPD ( ) Delete  
Name: VASUDEVAN, ANJU  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: TOTTEL, DAWN  
Address: 1623 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

Title: PD (X) Change ( ) Addition  
Name: VASUDEVAN, RAMABHADHAN  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34474

Title: VPD (X) Change ( ) Addition  
Name: VASUDEVAN, ANJU  
Address: 1040 SW 2ND AVE  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN TOTTEL

STD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date