


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 026 ***150.00

DOCUMENT # P00000062689	
1. Entity Name OCALA RESEARCH INSTITUTE, INC.	

Principal Place of Business 3919 SE LAKE WEIR AVE. OCALA, FL 34480	Mailing Address 3919 SE LAKE WEIR AVE. OCALA, FL 34480
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2. Principal Place of Business - No P.O. Box # 2930 SE 3rd COURT	3. Mailing Address 2930 SE 3rd COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL	City & State Ocala, FL
Zip 34471	Country USA
Zip 34471	Country USA

04162008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3655757	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 PRASHAD, RAKESH MD 3919 SE LAKE WEIR AVE. OCALA, FL 34480	
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7. Name and Address of New Registered Agent Name PRASHAD, RAKESH Street Address (P.O. Box Number is Not Acceptable) 2930 SE 3rd COURT City Ocala FL Zip Code 34471	
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 	DATE 4/15/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRASHAD, RAKESH MD <input type="checkbox"/> Delete 3919 SE LAKE WEIR AVE. OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRASHAD, RAKESH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2930 SE 3rd COURT Ocala, FL 34471
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
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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"/> 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"/> Delete	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 exemptions contained in Chapter 119, 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 607, 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: 	4/15/08 1352)622-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #