2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2007 8:00 am Secretary of State

DOCUMENT # P00000096812 1. Entity Name POONAM WARMAN, M.D. P.A.				09-10-2007 90004 010 ***550					50.00		
	e of Business	Mailing Address		- T		-					
Principal Place of Business Mailing Address 40 SW 12TH STREET STE C101 PO BOX 2017 0CALA, FL 34474 OCALA, FL 34478											
							ERIN ERIN REIN REIN E	MARIA MARIAN CARCAN	O 1730 L 100 KB L 125 L 176	1001 II IBDI	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. SUTE # 202						08252007	Chg-P	CR2E	034 (12/06)		
City & State City & State					4. FEI Number			Applied For			
OCALA, FL Zip Country Zip			Count	tru		59-3672058 Not Applicable \$ 6.75 Additional					
34471 USA			000	5. Certificate of Status Desired Fee Required							
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									Agent	~ -	
WARMAN, POONAM					Name WAZMAN, POONAM						
40 SW 12TH STREET STE C101				Street Address (P.O. Box Number is Not Acceptable)							
OCALA, FL 34474				15	00 5	E MAG	NOLIA	9xT.	SVITE	# 202	
				City	ΔΑ Λ	117110	1,000	FI	Zip Code	3 (2-1	
The above named entity submits this statement for the purpose of changing its registere					KU13	d agent, or bot	n, in the State of F	Florida, Lam	- 1 ろせ familiar with.	and accept	
the above harriest entity soon has this statement for the purpose of changing its registered once of registered agent, or both, in the backet of horizon. Tall harries are the college time of registered agent.											
SIGNATURE POONAU Walman (NOTE: Registered Agent signature required when reinstating) Avgust 10, 2007 OATE											
FILE NOWII! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/	CHANGES TO OF	FICERS AN			
TITLE	POONAM, WARMAN				2000	AM WA	PMAN		Спалое	☐ Addition	
STREET ADDRESS	·			et address	POONAM WARMAN 1500 SE MAGNOLIA EXT SUTE 202						
CITY-ST-ZIP	OCALA, FL 34474			-ST-ZIP	OCA	LA FL	3447	i			
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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.											

P.Walman MD_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR