


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-10-2007 90004 010 ***550.00

DOCUMENT # P00000096812 1. Entity Name POONAM WARMAN, M.D. P.A.					
Principal Place of Business 40 SW 12TH STREET STE C101 OCALA, FL 34474			Mailing Address PO BOX 2017 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box # 1500 SE MAGNOLIA EXT		3. Mailing Address SUITE #202			
Suite, Apt. #, etc. SUITE #202		Suite, Apt. #, etc. OCALA, FL			
City & State OCALA, FL		City & State OCALA, FL			
Zip 34471		Country USA		Zip 34471	
Country USA		4. FEI Number 59-3672058			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WARMAN, POONAM 40 SW 12TH STREET STE C101 OCALA, FL 34474			7. Name and Address of New Registered Agent Name WARMAN, POONAM Street Address (P.O. Box Number is Not Acceptable) 1500 SE MAGNOLIA EXT. SUITE #202 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 <u>Poonam Warman</u> DATE <u>August 10, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POONAM, WARMAN 40 SW 12TH STREET STE 101 OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POONAM WARMAN 1500 SE MAGNOLIA EXT SUITE 202 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	
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	
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: <u>P. Warman MD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>August 10, 2007</u> Daytime Phone # <u>352-369-6139</u>		