

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

08 SEP 22 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000101841					
1. Entity Name MARION MEDICAL HOLDINGS, INC.					
Principal Place of Business 1623 SW 1ST AVE. OCALA, FL 34471			Mailing Address 1623 SW 1ST AVE. OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 1040 SW 2nd Avenue			3. Mailing Address 1040 SW 2nd Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ocala FL		City & State Ocala FL		4. FEI Number 65-1070669	
Zip 34471	Country USA	Zip 34471	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDDY, KUCHAKULLA N 1623 SW 1ST AVE. OCALA, FL 34474			7. Name and Address of New Registered Agent Name VASUDEVAN, RAM Street Address (P.O. Box Number is Not Acceptable) 1040 SW 2nd Avenue 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>Ram Vasudevan</u> Ram Vasudevan, Registered Agent 9/18/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 VASUDEVAN, RAM 1040 SW 2ND AVE. OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VASUDEVAN, RAM 1040 SW 2nd AVE OCALA FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REDDY, KUCHAKULLA N 1623 SW 1ST AVE. OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASUDEVAN, ANJU 1040 SW 2nd AVE OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136307271 09/24/08--01035--008 ***70.00 <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>Ram Vasudevan</u>		Ram Vasudevan, President 9/18/08 (352) 732-3005			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

9/22/00