2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

MONATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER ON MRECTOR

FILED Apr 30, 2005 08:00 AM Secretary of State

| 1. Entity Nam SURESH | I LAKSHMINARAYANAN, M.D. | | | Seci | etary or State | | |
|---|---|---|--|--|---|--|--|
| Principal Plac 2980 SE THI OCALA, FL 3 | IRD CT | viailing Address 2980 SE THIRD CT OCALA, FL 34474 | · · · · · · · · · · · · · · · · · · · | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| D | O NOT WRITE I | CE | 02022005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For | | | | |
| | | | 80-0004279 5. Certificate of Status | s Desired | Not Applicable \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current Regi | | | | | | |
| FUTCH, R. WILLIAM 610 SE 17TH STREET OCALA, FL 34471 | | | ************************************** | DO NOT WRITE | | | |
| | | | IN THIS SPACE | | | | |
| 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 Signature, typod of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinating) DATE | | | | | | DATE | |
| After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | 00 May Be ad to Fees | | | |
| TITLE | OFFICERS AND DIRE | :CTORS | | | | | |
| NAME Street Address City-St-Zip | LAKSHMINARAYANAN, SURESH M 2980 SE THIRD CT OCALA, FL 34474 | I.D. | | 04/3f | 700003463 1705-8007 | 129 12-002 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , 7 <u>9.4</u> . | | DO NO | T WR | ITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | -IN THI | S SPA | CE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | tuu . , , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | And the second s | | | <u>-</u> | |
| 12. I hereby of indicated of the cor changed, | certify that the information supplied with this on this report or supplemental report is five moration or the receiver or trustee emptylers, or on an attachment with an address with a | filing does not qualify for the exe and accurate and that my signa ad to execute this report as requ all other like empowered. | emption stated in Se ture shall have the s ired by Chapter 607 | ction 119.07(3)(i), Florid same legal effect as if m , Florida Statutes; and the | a Statutes, I furth ade under cath; nat my name app | ner certify that the information that I am an officer or director pears in Block 10 or Block 11 if | |