

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113699

Entity Name: LORVEN II, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

1623 SW 1ST AVE  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

1623 SW 1ST AVE  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 37-1436908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VASUDEVAN, RAM  
1040 SW 2 AVE  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VASUDEVAN, RAM MD  
Address: 1040 SW 2 AVE  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: REDDY, K N MD  
Address: 1623 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: REDDY, NAGENDER MD  
Address: 316 SE 12TH ST #100  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: VASUDEVAN, ANJU MD  
Address: 1040 SW 2 AVE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KN REDDY

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date