

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000113699

FILED
May 06, 2003
Secretary of State

Entity Name: LORVEN II, INC.

Current Principal Place of Business:

1040 SW 2 AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1040 SW 2 AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 37-1436908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VASUDEVAN, RAM
1040 SW 2 AVE
OCALA, FL 34474

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: 1040 SW 2 AVE
City-St-Zip: OCALA, FL 34474

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

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 for the exemption stated in Section 119.07(3)(i), 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, MD

D

05/06/2003

Electronic Signature of Signing Officer or Director

Date