2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000090949 1. Entity Name VIJAÝA N. KOKA, M.D., P.A. Mailing Address Principal Place of Business 2111 SW 20TH PLACE 2111 SW 20TH PLACE OCALA, FL 34474 OCALA, FL 34474 No Chg-P CR2E034 (10/03) 01192005 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 82-0561977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** KOKA, VIJAYA N 2111 SW 20TH PL OCALA, FL 34474 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE KOKA, VIJAYA NAME 2111 SW 20TH PLACE STREET ADDRESS U00000204516 CITY-ST-ZIP OCALA, FL 34474 Z31/05-80007-025 150.nn TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

VIJAYA N. KOKA MA

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESCUENT

SIGNATURE: 🛆

FILED