2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000090949

1. Entity Name
VIJAYA N. KOKA, M.D., P.A.

Principal Place of Business	Mailing Address
2111 SW 20TH PLACE	2111 SW 20TH PLACE
OCALA, FL 34474	OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

01252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
82-0561977	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOKA, VIJAYA N
2111 SW 20TH PL
OCALA, FL 34474

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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.
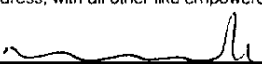
SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000933944
05/23/08-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOKA, VIJAYA
STREET ADDRESS	2111 SW 20TH PLACE
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08   (352) 622-4251

Date   Daytime Phone #