

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90068 019 \*\*\*150.00

DOCUMENT # P02000101510

1. Entity Name  
CARDIOLOGY ASSOCIATES OF OCALA, P.A.



Principal Place of Business

Mailing Address

~~307 S.W. 14TH STREET~~ 2111 S.W. 20<sup>TH</sup> PLACE ~~307 S.W. 14TH STREET~~ 2111 S.W. 20<sup>TH</sup> PLACE  
OCALA, FL 34474-7034 Ocala, FL 34474-7034



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1631795

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

H. RANDOLPH KLEIN  
333 N.W. 3RD AVENUE  
OCALA, FL 34475

**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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ELIGETI, RAMULU  
STREET ADDRESS 5441 SW 30 AVENUE  
CITY-ST-ZIP Ocala, FL 344745868

TITLE V  
NAME SRISHA, RAO  
STREET ADDRESS 1706 SE 33 STREET  
CITY-ST-ZIP Ocala, FL 34471

TITLE S  
NAME KOKA, VIJAYA N  
STREET ADDRESS 3591 SW 26 AVENUE  
CITY-ST-ZIP Ocala, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAMULU ELIGETI, MD, FACC 1/26/04 (352) 622-4251