


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000101510

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



Principal Place of Business Mailing Address

2111 S.W. 20 PL **2111 S.W. 20 PL**
OCALA, FL 34474-7034 **OCALA, FL 34474-7034**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
16-1631795 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1111111100451654
 03/10/06-80064-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIGETI, RAMULU 5441 SW 30 AVENUE OCALA, FL 344745868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SRISHA, RAO 1708 SE 33 STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOKA, VIJAYA N 3591 SW 26 AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: _____ **2/16/06 (352) 622-4251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #