


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000101510</b> 1. Entity Name <b>CARDIOLOGY ASSOCIATES OF OCALA, P.A.</b>	
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Principal Place of Business  
2111 S.W. 20 PL  
OCALA, FL 34474-7034

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

34471

34471



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1631795</b>	Applied For Not Applicable
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6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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, 2008 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	

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05/23/08-80078-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/1/08

(352) 622-4251