PS 1 %

2005 FOR PROFIT CORPORATION.

	REINST/	ATEMENT		<b>A</b> '		. cn		
DOCUMENT # P03000062476					7	FILED HAY -4 PM	s: 10	
1. Entity Name OCALA PHYSICIAN ASSOCIATES, P.A.					)	MAY -4 PM ECHILLASSEE MLANASSEE	ا ي	
					05	- Uni	ADIRO	
Principal Plac	e of Business	Mailing Address			۱ <u>۱</u>	ECNYLLSSEE	.From	
2810 SE 3RD COURT OCALA, FL 34471		2810 SE 3RD COURT OCALA, FL 34471			1 7/0	MILANIA CO	36 010	1001
OCHER, IL J	77771	OCALA, FE 34471						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	REIN-P	CR2E098 (6/04)	
City & State		City & State			4. FEI Numb		· · ·	oplied For
					65-1192198		No	ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Add Foe Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent	<del></del>
YOUNG, DAVID A JR 1243 SE 22ND AVENUE					Street Address (P.O. Box Number is Not Acceptable)			
OCALA, FI				Jirdel Address	(1.0. SOX INDI	er is not Acceptable)		
				City			<b>⊏</b> ⊈ Zip Cod	le l
8. The above named entity submits this statement for the purpose of changing its regis				,	ered agent, or bo	th in the State of Flori	LF .	
the obligat	tions of registered agent.	s the purpose of changing it		od omod or region	orod agont, or be	in, in the diale of Figh	da, i zai jairinaa waa,	and docept
SIGNATURE.	Signature, typed or printed name of registered agent	and trib if applicable. (NO	TE: Register	red Agent signature req	ulred when reinstating	<del>, ,</del>	DATE	<del></del>
FII	LE NOW!!! FEE IS \$300.00					In accordance wi corporation did no	th s. 607.193(2)(b), ot receive the prior (	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	 /CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE NAME	D KETHEESWARAN, KATHINPILL	☐ Oelete	TITL	•	· J		☐ Change	☐ Addition
STREET AUDRESS	3585 SW 24TH AVENUE ROAD			EET ADDRESS	<u>,</u>	DOD SAF	7,927,50	മര
CITY-ST-ZIP	OCALA, FL 34474			Y · S1- ZIP	-1 U5/17	/U5==U1U5b=	-002 ** 150	
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NAME STREET ADORESS			NAM STRE	AE ELT ADORESS		Compage M	1 2 2005	
CHY ST- AP				Y-SI ZIP		J. 1888 113 1	. <i>Nt</i> –	
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TITLE		. Delete	IIIL	<del></del>			Change	Addition
NAME STREET ADDRESS			NAM					
CITY-ST-ZIP			•	Y-ST-ZIP				
indicated	certify that the information supplied with for this report or supplemental report is	is true and accurate and that	my signa	ature shall have the	e same legal elle	ct as if made under oa	ath: that I am an officer	r or director
of the co- changed	rporation or the receiver or trustee emp I, or on an attachment with an address,	owered to execute this repowith all other live empowere	rt as requ	ired by Chapter 6	07, Florida Statut	es; and that my name	appears in Block 10 o	# Block 11 if
KETHER	ESWARAN KATHIRIPILL	tu, wan			4/21/05		(352)622-2	8532
JIGHMI	SIGNATURE AND TYPED OR	DOMED NAME OF SIGNING OFFICE	R OR DIREC	тоя		Cate	Daylima Priona #	<del></del>



David A. Young, Jr.
Certified Public Accountant

1243 Southeast 22nd Avenue Ocala, FL 34471-2661 Phone: 352-622-8532
Fax: 352-622-2654
Cell: 352-895-4873
Email: DAYIICPA@cs.com

April 25, 2005

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Ocala Physicians Associates, P.A. PO 3000062476

## Gentlemen:

We are enclosing 2005 For Profit Corporation Reinstatement Form and a copy of a letter we sent to you office in October, 2004. In talking to your office, we were advised that you are in fact in receipt of our payment, but that you had sent additional correspondence that was unanswered by us.

did not receive any additional correspondence from your office. We are requesting that the reinstatement fee be waived. We are enclosing a check for \$150. This, along with the check from 2004 which you received last year, should bring us current.

If you have any questions, please contact are at (352) 622-8532.

Thank you for your assistance.

Sincerely,

David A. Young, Jr., CPA

Registered Agent

DAYJr;j Enclosures