

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062476

FILED
Sep 26, 2008
Secretary of State

Entity Name: OCALA PHYSICIAN ASSOCIATES, P.A.

Current Principal Place of Business:

2810 SE 3RD COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2810 SE 3RD COURT
OCALA, FL 34471

New Mailing Address:

FEI Number: 65-1192198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KETHEESWARAN, KATHIRPILLAI
2810 SE 3RD STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KETHEESWARAN, KATHIRPILLAI
Address: 3585 SW 24TH AVENUE ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KETHEESWARAN, KATHIRPILLAI
Address: 3585 SW 24TH AVENUE ROAD
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHIRPILLAI KETHEESWARAN

PS

09/26/2008

Electronic Signature of Signing Officer or Director

_____ Date