

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134762

FILED
Feb 17, 2005
Secretary of State

Entity Name: MID-FLORIDA MEDICAL GROUP, P.A.

Current Principal Place of Business:

3371 WEDGEWOOD LANE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 218
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-0431506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAGALUR, THUMATI
156 SE 69TH PLACE
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAGALUR, THUMATI
Address: 156 SE 69TH PLACE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAGALUR THUMATI

D

02/17/2005

Electronic Signature of Signing Officer or Director

Date