

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134762

FILED  
Jan 09, 2006  
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:

1950, LAUREL MANOR DRIVE  
BUILDING 220, SUITE 222  
THE VILLAGES, FL 32162

## 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 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: JAGALUR THUMATI

D

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date