# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2007**
**Secretary of State**

DOCUMENT# P03000134762

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

910, OLD CAMP ROAD
BUILDING #150, SUITE # 154
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: THUMATI G. JAGALUR D 01/29/2007
Electronic Signature of Signing Officer or Director Date