## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000134762

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

FILED Jan 10, 2012 Secretary of State

| Current Principal Place of Business:                                  |                                  | New Principal Place of Business:          |                                      |
|---|----------------------------------|---|--------------------------------------|
| 910, OLD CAMP ROAD<br>BUILDING #150, SUITE #<br>THE VILLAGES, FL 3216 | <i>‡</i> 154                     |   |                                      |
| Current Mailing Address:  |                                  | New Mailing Address:                      |                                      |
| P.O. BOX 218<br>OCALA, FL 34478                                       |                                  |   |                                      |
| FEI Number: 20-0431506  | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired (X)    |
| Name and Address of Current Registered Agent:                         |                                  | Name and Address of New Registered Agent: |                                      |
| JAGALUR, THUMATI<br>156 SE 69TH PLACE<br>OCALA, FL 34480 US           | 8                                |   |                                      |
| The above named entity sin the State of Florida.                      | submits this statement for the p | ourpose of changing its registered        | office or registered agent, or both, |
| SIGNATURE:  |                                  |   |                                      |
| Electron  | ic Signature of Registered Age   | ent                                       | Date                                 |
|   |                                  |   |                                      |
| OFFICERS AND DIREC  | TORS:                            |   |                                      |

Title:

Name: JAGALUR, THUMATI 156 SE 69TH PLACE Address: City-St-Zip: OCALA, FL 34480

I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THUMATI G JAGALUR DR. 01/10/2012