2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000008440

1. Entity Name

L. ARLIE ULLAND, M.D., P.A.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2980 S.E. 3RD CT. OCALA, FL 34471 2980 S.E. 3RD CT. OCALA, FL 34471



04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0494430

Applied For Not Applicable

5. Certificate of Status Desired

×

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULLAND, ARLIE L MD 2980 SE 3RD COURT OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.				
Signature. hyped or printed name of registered agent and title if applicable (NOTE Registered			d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		· 1967年成本的公安的人类类型。
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLAND, L. ARLIE 2980 S.E. 3RD CT. OCALA, FL 34471			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				.000000932338 05/22/08-80050+018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(L. Arlie Wland)

4/22/08

352-622 423

Daytime Phone #