

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008440

FILED
Apr 20, 2009
Secretary of State

Entity Name: L. ARLIE ULLAND, M.D., P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1510 SE 73RD PLACE
OCALA, FL 34480

FEI Number: 51-0494430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ULLAND, L. ARLIE MD
1510 SE 73RD PLACE
OCALA, FL 34480 US

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: L. ARLIE ULLAND, MD

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ULLAND, L. ARLIE
Address: 2980 S.E. 3RD CT.
City-St-Zip: OCALA, FL 34471

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 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: L. ARLIE ULLAND

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date