

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088832

FILED
Mar 30, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL GROUP, P.A.

Current Principal Place of Business:

2810 SOUTHEAST 3RD COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2810 SOUTHEAST 3RD COURT
OCALA, FL 34471

New Mailing Address:

FEI Number: 80-0109890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DAVID A JR
1243 SOUTHEAST 22ND AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

KETHEESWARAN, KATHIRPILLAI
3585 SW 24TH AVENUE RD
OCALA, FL 34474 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: KATHIRPILLAI KETHEESWARAN

03/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KETHEESWARAN, KATHIRPILLAI
Address: 3585 SOUTHWEST 24TH AVENUE ROAD
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: PATEL, SANJAY
Address: 3295 SOUTHEAST 53RD COURT
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KETHEESWARAN, KATHIRPILLAI
Address: 3585 SOUTHWEST 24TH AVENUE ROAD
City-St-Zip: Ocala, FL 34474

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: KATHIRPILLAI KETHEESWARAN

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date