


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90031 001 \*\*\*150.00

<b>DOCUMENT # P05000112405</b>			
1. Entity Name INTERNAL MEDICINE ASSOCIATES OF OCALA, PA			
Principal Place of Business 1623 SW 1ST AVENUE OCALA, FL 34474		Mailing Address 1623 SW 1ST AVENUE OCALA, FL 34474	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34471	Country US	Zip 34471	Country US
6. Name and Address of Current Registered Agent  REDDY, KUCHAKULLA N 1623 SW 1ST AVENUE OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34471	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REDDY, KUCHAKULLA N 1623 SW 1ST AVENUE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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40064493



04022008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-3286180  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 359-239-0916