## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # P05000112405** 04-10-2008 90031 001 \*\*\*150.00 INTERNAL MEDICINE ASSOCIATES OF OCALA, PA Principal Place of Business Mailing Address 40064493 1623 SW 1ST AVENUE 1623 SW 1ST AVENUE OCALA, FL 34474 OCALA, FL -344Z4 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 20-3286180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDY, KUCHAKULLA N Street Address (P.O. Box Number is Not Acceptable) 1623 SW 1ST AVENUE OCALA, FL 34474 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Delete TITLE Change : REDDY, KUCHAKULLA N NAME NAME STREET ADDRESS 1623 SW 1ST AVENUE STREET ADDRESS CITY-ST-ZIP OCALA., FL 34474-CITY - ST - ZIP TITLE ☐ Delete ППЕ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing 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.

359-239-0916 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF OR DIRECTOR