

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022252

1. Entity Name  
VARMA S. PERICHERLA, M.D., P.A.

Principal Place of Business

2825 SE 3RD COURT  
OCALA FL 34471  
US

Mailing Address

2825 SE 3RD COURT  
OCALA FL 34471  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PERICHERLA, VARMA S MD  
2825 SE 3RD CT  
SOUTH PINE MEDICAL PARK  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME PERICHERLA, VARMA S MD  
STREET ADDRESS 2825 SE THIRD COURT  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete

NAME Sarojini Pericherla  
STREET ADDRESS 2825 SE 3rd Court  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete

NAME Hiba Muhtasib  
STREET ADDRESS 2825 SE 3rd Court  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90151 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227722

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (5/00)

(352) 368-2696  
7/20/2000

Varma S. Pericherla, M.D., P.A.

Sarojini Pericherla, M.D., F.A.C.O.G.

Hiba Muhtasib, M.D., F.A.C.O.G.

Diplomates of American Board of Obstetrics & Gynecology

Attachment  
P# P9400022252  
QW 75260  
Varma, P. S., M.D.

Diplomate of American Board of Surgery

July 20, 2000

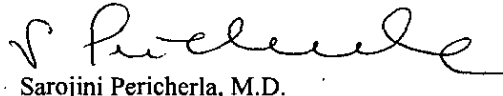
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Department of State:

Please find enclosed our 2000 UNIFORM BUSINESS REPORT, document P9400022252, for corporation, VARMA S. PERICHERLA, M.D., P.A. This form states that this is our second notice, however, we never received our first notice which I understand was mailed out sometime in January or February 2000. In past years we have always filed promptly, but for some reason this year we never received our notice as usual. So please accept our apology and this payment of \$150.00.

If this payment is not acceptable please notify our office. We appreciate your consideration in this matter.

Sincerely,



Sarojini Pericherla, M.D.

SP:mg  
check enclosed

FEI # 59-3227722