Jul 02 04 10:19a DOCTORMANAGEMENT

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90187 017 ***150.00

DOCUMENT # P94000012252

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

Principal Place of Business	Mailing Address
2825 SE 3RD COURT OCALA, FL 34471 US	2825 SE 3RD COURT OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3227722
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PERICHERLA, VARMA S MD
STREET ADDRESS	2825 SE THIRD COURT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	P
NAME	PERICHERLA, SAROJINI
STREET ADDRESS	2825 SE 3RD CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	V
NAME	MUHTALIB, HIBA U
STREET ADDRESS	2825 SE 3RD CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarojini Pericherla 7/2/04 352-368-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* Note: As per my conversation on the phone with Mr. Lee Rivers please accept $ 150.00 towards this annual corp. report & that we never received any information in the mail until today that it's past due. Thank you again. S. Pericherla