

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90039 019 \*\*\*150.00

**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**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3227722**

Applied For  
**Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 **PT**  
NAME **PERICHERLA, SAROJINI**  
STREET ADDRESS **2825 SE 3RD CT**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **Muhtasib, U. Hiba**  
NAME **2825 SE 3rd Ct.**  
STREET ADDRESS **OCALA, FL 34471**  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *Sarojini Pericherla* **2/1/06 352-368-2606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66005021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

VARMA S. PERICHERLA, M.D., P.A.  
2825 SE 3RD COURT  
OCALA, FL 34471 US

Subject: VARMA S. PERICHERLA, M.D., P.A.

Reference Number:

P94000022252

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

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P.O. BOX 6327 - Tallahassee, Florida 32314