

05011999-90068-030-\$150.00-\$150.00

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FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90068 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000019041**

1. Corporation Name  
**OCALA LUNG & CRITICAL CARE ASSOCIATES, INC.**

Principal Place of Business <b>6465 S.W. 21ST COURT ROAD OCALA FL 34474</b>	Mailing Address <b>6465 S.W. 21ST COURT ROAD OCALA FL 34474</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/06/1995**

4. FEI Number <b>65-0650144</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 21 <b>1834 SW 1st Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.
22 City & State 23 <b>Ocala Fla</b>	27 City & State 28
24 Zip <b>34474</b> 25 Country	29 Zip <b>34474</b> 30 Country

9. Name and Address of Current Registered Agent

**DIORENZO, MARC J**  
**6465 S.W. 21ST COURT ROAD**  
**OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name <b>Purus Mitra</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1834 SW 1st Ave</b>
83
84 City <b>Ocala</b>
85 Zip Code <b>FL 34474</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Marc J. Diorenzo* (NOTE: Registered Agent signature required when substituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DIORENZO, MARC J</b>		1.2 NAME <b>Purus Mitra</b>	
STREET ADDRESS <b>6465 S.W. 21 STREET COUNT ROAD</b>		1.3 STREET ADDRESS <b>1834 SW 1st Ave</b>	
CITY-ST-ZIP <b>OCALA FL</b>		1.4 CITY-ST-ZIP <b>OCALA Fla 34474</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>NADESH KOHL</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>1834 SW 1ST AVE</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>OCALA FLA 34474</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Naym Yare* 5/21/99  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)