

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019041

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: OCALA LUNG & CRITICAL CARE ASSOCIATES, INC.

## Current Principal Place of Business:

1834 SW 1ST AVE  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

1834 SW 1ST AVE  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 65-0650144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITRE, PURUS  
1834 SW 1ST AVE  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

MITRA, PURUSHOTTAM  
1834 SW 1ST AVE  
OCALA, FL 34474 US

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: PURUSHOTTAM MITRA

07/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MITRA, PURUS  
Address: 1834 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: KOHLI, NAQESH  
Address: 1834 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: MITRA, PURUSHOTTAM  
Address: 1834 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition  
Name: KOHLI, NAGESH  
Address: 1834 SW 1ST AVE  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PURUSHOTTAM MITRA

MD

07/07/2005

Electronic Signature of Signing Officer or Director

Date