

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90172 044 ***150.00

DOCUMENT # P95000019041 1. Entity Name OCALA LUNG & CRITICAL CARE ASSOCIATES, INC.					
Principal Place of Business 1834 SW 1ST AVE OCALA, FL 34474			Mailing Address 1834 SW 1ST AVE OCALA, FL 34474 <i>Add Suite 101</i>		
2. Principal Place of Business Suite, Apt. #, etc. 			3. Mailing Address Suite, Apt. #, etc. <i>Suite 101</i>		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 65-0650144	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MITRA, PURUSHOTTAM 1834 SW 1ST AVE OCALA, FL 34474				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. 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 re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MITRA, PURUSHOTTAM		NAME		
STREET ADDRESS	1834 SW 1ST AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	<i>add Suite 101</i>	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOHLI, NAGESH		NAME		
STREET ADDRESS	1834 SW 1ST AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	<i>add Suite 101</i>	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Nagam</i>			Date <i>1/11/06</i> Daytime Phone #		