

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90047 038 ***150.00

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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
SUITE 101
OCALA, FL 34474**

40011886



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650144	Applied For ☐
	Not Applicable ☐

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

6. Name and Address of Current Registered Agent

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MITRA, PURUSHOTTAM 1834 SW 1ST AVE SUITE 101 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOHLI, NAGESH 1834 SW 1ST AVE SUITE 101 OCALA, FL 34474
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07