

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019041

FILED  
Jan 11, 2008  
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:

1834 SW 1ST AVE  
OCALA, FL 34471

## Current Mailing Address:

1834 SW 1ST AVE  
SUITE 101  
OCALA, FL 34474

## New Mailing Address:

1834 SW 1ST AVE  
SUITE 101  
OCALA, FL 34471

FEI Number: 65-0650144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MITRA, PURUSHOTTAM  
1834 SW 1ST AVE  
OCALA, FL 34471 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

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: MITRA, PURUSHOTTAM  
Address: 1834 SW 1ST AVE SUITE 101  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: KOHLI, NAGESH  
Address: 1834 SW 1ST AVE SUITE 101  
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 SUITE 101  
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change ( ) Addition  
Name: KOHLI, NAGESH  
Address: 1834 SW 1ST AVE SUITE 101  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date