

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065088

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: SUNSHINE STATE MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

SUNSHINE STATE MED CLIN  
1315 SE 25TH LOOP STE 104  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

SUNSHINE STATE MED CLIN  
1315 SE 25TH LOOP STE 104  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-3525982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUTCH, R. WILLIAM  
500 N.E. 8TH AVE.  
OCALA, FL 34470      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MISHRA, UDAY S  
Address: 1315 SE 25TH LOOP  
City-St-Zip: Ocala, FL 34471

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: MISHRA, MAMTA  
Address: 6075 SW 73RD ST RD  
City-St-Zip: Ocala, FL 34476

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: UDAY S MISHRA

DP

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date