

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90056 017 \*\*\*150.00

**DOCUMENT # P99000001238**

**1. Entity Name**  
**MARION MEDICAL PARK, INC.**



**Principal Place of Business**  
**1040 S.W. 2ND. AVE.**  
**OCALA, FL 34474**

**Mailing Address**  
**1040 S.W. 2ND. AVE.**  
**OCALA, FL 34474**



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**90-0000698**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**VASUDEVAN, RAM R.**  
**1040 S.W. 2ND. 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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>VASUDEVAN, RAM</b>
<b>STREET ADDRESS</b>	<b>1040 S.W. 2ND. AVE.</b>
<b>CITY-ST-ZIP</b>	<b>OCALA, FL 34474</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>VASUDEVAN, ANJU</b>
<b>STREET ADDRESS</b>	<b>1040 S.W. 2ND. AVE.</b>
<b>CITY-ST-ZIP</b>	<b>OCALA, FL 34474</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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:** *Henry A. Evers* **AUTHORIZED AGENT** *Henry A. Evers* **AUTHORIZED AGENT** **4-1-04 (352)351-3611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #