## 2008 FOR PROFIT CORPORATION

## May 27, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000087173** 05-27-2008 90040 025 \*\*\*150.00 SRISHA RAO, M.D., P.A. Principal Place of Business Mailing Address 2111 SW 20TH PLACE 2111 SW 20TH PLACE OCALA, FL 34474 OCALA, FL 34474 34471 34471 CR2E034 (11/05) 04252008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3612925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAO, SRISHA M.D. DO NOT WRITE 2111 SW 20 PLACE OCALA, FL 34474 IN THIS SPACE 34471 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAO, SRISHA M.D. NAME STREET ADDRESS 1706 SE 33 STREET CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED