

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96375

**Entity Name:** RAMULU ELIGETI, M.D., P.A.

**Current Principal Place of Business:**

1609 SW 17TH STREET  
OCALA, FL 34471-7034

**Current Mailing Address:**

5441 SW 30TH AVE  
OCALA, FL 34471 US

**FEI Number:** 59-2216443

**Certificate of Status Desired:** No

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

ELIGETI, RAMULU, M.D.  
1609 SW 17TH STREET  
OCALA, FL 34471-7034 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name ELIGETI, RAMULU  
Address 1609 SW 17TH STREET  
City-State-Zip: Ocala FL 34471

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAMULU ELIGETI

MD

03/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date