


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000001448</b> 1. Entity Name PADDOCK PARK MEDICAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471	Mailing Address 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471
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02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3767208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EHLERS, HENRY A  
 2437 S.E. 17TH STREET, SUITE 102  
 OCALA, FL 34471

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

000000654316  
 03/13/07-80056-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS EHLERS, HENRY A 2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRESH, JOHN P 3200 SW 34TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STEPHEN R 3200 SW 34TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 617, 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. Ehlers PRES      2-27-07      (352)351-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

HENRY A. EHLERS, PRESIDENT