



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000001448</b> 1. Entity Name <b>PADDOCK PARK MEDICAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471</b>	Mailing Address <b>2437 S.E. 17TH STREET, SUITE 102 OCALA, FL 34471</b>
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**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-NP CR2E037 (4/06)

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

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 re-registering) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000834440 02/28/08-80053-011 61.25</b>
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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.* **HENRY A. EHLERS, Pres 2-14-08 (362) 361-3611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #