

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001448

FILED
Mar 18, 2009
Secretary of State

Entity Name: PADDOCK PARK MEDICAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3767208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: EHLERS, HENRY A
Address: 2437 S.E. 17TH STREET, SUITE 102
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: GRESH, JOHN P
Address: 3200 SW 34TH AVE.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: MILLER, STEPHEN R
Address: 3200 SW 34TH AVE.
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRESH, JOHN P
Address: 3301 SW 34 CIRCLE, SUITE 101
City-St-Zip: Ocala, FL 34474

Title: D (X) Change () Addition
Name: MILLER, STEPHEN R
Address: 3301 SW 34 CIRCLE, SUITE 102
City-St-Zip: Ocala, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY A. EHLERS

DPTS

03/18/2009

Electronic Signature of Signing Officer or Director

Date