

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001448

FILED  
Mar 23, 2011  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HENRY A. EHLERS

DPST

03/23/2011

Electronic Signature of Signing Officer or Director

Date