

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105231

FILED
Jul 08, 2004
Secretary of State

Entity Name: CHILDREN'S HEALTH OF OCALA PA

Current Principal Place of Business:

1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471

New Principal Place of Business:

1329 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

Current Mailing Address:

1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471

New Mailing Address:

1329 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

FEI Number: 59-3606013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKONKWO, CHRIS N
1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKONKWO, CHRIS N
Address: 1329 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS N. OKONKWO

D

07/08/2004

Electronic Signature of Signing Officer or Director

_____ Date