

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001448

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**2357241777CC**

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

**Current Principal Place of Business:**

2100 S.E. 17TH STREET  
SUITE 802  
OCALA, FL 34471

**Current Mailing Address:**

2100 S.E. 17TH STREET  
SUITE 802  
OCALA, FL 34471 US

**FEI Number: 59-3767208**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EHLERS, HENRY A  
2100 S.E. 17TH STREET  
SUITE 802  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPTS  
Name EHLERS, HENRY A  
Address 2100 S.E. 17TH STREET, SUITE 802  
City-State-Zip: Ocala FL 34471

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

Title D  
Name MILLER, STEPHEN R  
Address 3301 SW 34 CIRCLE, SUITE 102  
City-State-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**

**DIRECTOR**

**05/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date