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 PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/28/2015

Date

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001448

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

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

Datall /**D** · ...:

City-State-Zip: OCALA FL 34474

Officer/Director Detail :			
Title	DPTS	Title	D
Name	EHLERS, HENRY A	Name	GRESH, JOHN P
Address	2100 S.E. 17TH STREET, SUITE 802	Address	3301 SW 34 CIRCLE, SUITE 101
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34474
Title	D		
Name	MILLER, STEPHEN R		
Address	3301 SW 34 CIRCLE, SUITE 102		

Certificate of Status Desired: No

FILED Apr 28, 2015 Secretary of State CC8763321582

Date