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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735406 (1)

1. Corporation Name

OCALA HEALTH AUTHORITY, INC.

Principal Place of Business

460 BRIARWOOD DR., SUITE 410
PO BOX 12000
JACKSON MS 39236-8000

Mailing Address

460 BRIARWOOD DR., SUITE 410
PO BOX 12000
JACKSON MS 39236-2000

3. Date Incorporated or Qualified
03/29/1976

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, YOUNG J.
116 S.E. FORT KING ST.
OCALA FL 32870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Chauncey R Dunbar
Signature, typed or printed name of registered agent and title if applicable

CHAUNCEY R DUNBAR
(NOTE: Registered Agent signature required when reinstating)

4/4/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RODGERS, W. J., JR.
STREET ADDRESS 2333 E. SILVER SPRINGS
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE D
NAME MASON, RAY L.
STREET ADDRESS 406 E. SILVER SPRINGS
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE D
NAME LUCIUS, CARLETON S.
STREET ADDRESS 204 NORTHWEST 3RD AVE.
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE S
NAME DUNBAR, CHAUNCEY R
STREET ADDRESS 2339 TIFFANY CIRCLE
CITY-ST-ZIP FLORENCE MS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)