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DOCUI	MENT # 735	5406	(1)				
ÓCALA	HEALTH AUTHORITY	y, inc.				A ALL HINT ARATE DEBIN ALAIS	Lidif Bidit (01)
Principal Place	e of Business	м	alling Address				
	DD DR., SUITE 410		o Briarwood Dr., Su	ITE 410			
PO BOX 12000 JACKSON MS	1		D BOX 12000 ACKSON MS 39236-2000				
					3. Date Incorporated or Qualified 03/29/1976	3a. Date of Last R 05/01/19	1996
2. Principal Pi	ace of Business	2a. 26	Mailing Address		4. FEI Number 64-6167146		oplied For ot Applicable
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	8	28	City & State		6. Election Campaign Financing Trust Fund Contribution	- ·	May Be to Fees
Zip	Country		Zip	Country	8. This corporation has liability for	intangible tax under s	
4	25 9. Name and Address of	29 Current Regis	lered Agent	30	Florida Statutes 10. Name and Address of New R	Yes X No	
-	FL 32670			83 84 City		FLIT	Code
OCALA		617.0502 and 6 he State of Florin he obligations o	17.1508, Florida Statuli da. Such change was a 1, Section 617.0503, Flo	84 City	rporation submits this statement for the ation's board of directors. I hereby acce	FLIT	
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