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May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735406

(1)

1. Corporation Name

OCALA HEALTH AUTHORITY, INC.

Principal Place of Business

460 BRIARWOOD DR., SUITE 410  
PO BOX 12000  
JACKSON MS 39236-9000

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 Renewal  
4/4/97

2. Principal Place of Business

21

2a. Mailing Address

26

4. FE Number

64-6167146

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 32670

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

300002538433

-05/28/98--01019--032

\*\*\*150.00

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.