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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90110 007 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 735406**

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 39236-9000



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/29/1976

4. FEI Number

64-6167146

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SIMMONS, YOUNG J.**  
**116 S.E. FORT KING ST.**  
**OCALA, FL 32670**

10. Name and Address of New Registered Agent

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  
NAME RODGERS, W. J., JR.  
STREET ADDRESS 2333 E. SILVER SPRINGS  
CITY-STATE-ZIP Ocala FL ☐ DELETE

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

870 Hwy. 469 South  
Florence, Ms 39073

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Chauncey R Dunbar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99

601-956-1013

CR2E037 (1/98)