

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90016 044 ****61.25

DOCUMENT # 747312

1. Entity Name
THOMAS H. WALLIS M.D., MEDICAL CENTER
ASSOCIATION, INC.



Principal Place of Business
40 SW 12TH ST
C202
OCALA, FL 34474 US

Mailing Address
40 SW 12TH ST
C202
OCALA, FL 34474 US

40076407



04162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
2120 SW 22 Place
Suite, Apt. #, etc.

3. Mailing Address
2120 SW 22 Place
Suite, Apt. #, etc.

City & State
Ocala FL
Zip
34474
Country
USA

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Ocala FL
Zip
34474
Country
USA

4. FEI Number
59-2041410
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TROW, CHESTER J
40 SW 12TH ST
OCALA, FL 32670

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABOL, EDWARD D 40 SW 12TH ST OCALA, FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BALD, CHRISTOPHER 40 SW 12TH ST STE C202 OCALA, FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYMORE, JAMES 40 SW 12TH STREET, STE B-102 OCALA, FL 34474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 SW 22 Place Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 SW 22 Place Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2120 SW 22 Place Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #