

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747312

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

2120 SW 22 PLACE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2120 SW 22 PLACE
C202
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2041410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SABOL, EDWARD D
Address: 2120 SW 22 PLACE
City-St-Zip: OCALA, FL 34474

Title: MD () Delete
Name: BALD, CHRISTOPHER
Address: 2120 SW 22 PL
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: SEYMORE, JAMES
Address: 2120 SW 22 PLACE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: TORRES, RAMON
Address: 2120 SW 22 PLACE
City-St-Zip: OCALA, FL 34474

Title: SEC (X) Change () Addition
Name: BALD, CHRISTOPHER
Address: 2120 SW 22 PL
City-St-Zip: OCALA, FL 34474

Title: PRES (X) Change () Addition
Name: CUNNINGHAM, DAVID
Address: 2120 SW 22 PLACE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER E. BALD, M.D.

SEC

01/13/2009

Electronic Signature of Signing Officer or Director

Date