

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747312

**FILED**  
**Jan 18, 2010**  
**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:**

40 SW 12TH STREET  
OCALA, FL 34471 US

**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:**

TROW, CHESTER J  
21 N. MAGNOLIA AVENUE  
2ND FLOOR  
OCALA, FL 34475 US

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

01/18/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TORRES, RAMON  
Address: 2120 SW 22 PLACE  
City-St-Zip: Ocala, FL 34471

Title: SEC  
Name: BALD, CHRISTOPHER  
Address: 2120 SW 22 PL  
City-St-Zip: Ocala, FL 34471

Title: PRES  
Name: CUNNINGHAM, DAVID  
Address: 2120 SW 22 PLACE  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER BALD

SEC

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date