

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037562

FILED
Mar 14, 2009
Secretary of State

Entity Name: OCALA MEDICAL PARK, LLC

Current Principal Place of Business:

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

New Principal Place of Business:

3130 S.W. 32ND AVENUE
OCALA, FL 34474 US

Current Mailing Address:

3130 S.W. 32ND AVENUE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 26-2415205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
3130 S.W. 32ND AVENUE
OCALA, FL 34474 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWENK, GORDON C M.D.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: JANK, MARK A M.D.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: DEATON, JOHN S D.O.
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: RICHARD C. WARREN RE, VOCABLE TRUST
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: H. MICHAEL MORRIS FA, MILY TRUST
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: PETER J. POLACK LIVI, NG TRUST
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHANDER N. SAMY LIVI, NG TRUST
Address: 3130 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GORDON C. SCHWENK, M.D.

MGRM

03/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date