

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12824

FILED
Mar 23, 2005
Secretary of State

Entity Name: OCALA FAMILY PHYSICIANS, P.A.

Current Principal Place of Business:

3515 SE 17TH ST
SUITE 100
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

3515 SE 17TH ST
SUITE 100
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2971956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, GLEN, M.D.
2555 S.E. 28TH ST.
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, GLEN,
Address: 2555 SE 28TH ST
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: LIEBELT, DONALD W
Address: 4328 SE 26TH TERR RD.
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN MORGAN, MD

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date