

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L12824

**FILED**  
**Mar 01, 2011**  
**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 (X)**

**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

**OFFICERS AND DIRECTORS:**

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

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

Title: SECY  
Name: MORGAN, CHERYL  
Address: 2555 SE 28TH ST  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL MORGAN

SECY

03/01/2011

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

\_\_\_\_\_  
Date