


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000001587	
1. Entity Name OCALA DOCTORS PROPERTIES, L.L.C.	

Principal Place of Business 2415 SE 17TH STREET OCALA, FL 34471	Mailing Address 2415 SE 17TH STREET OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3565004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
SID E. CLEVINGER M.D. 2415 SE 17TH STREET OCALA, FL 34471

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVINGER, SIDNEY E M.D. 2415 SE 17TH STREET OCALA, FL 34471
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03/13/07-80044-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Sidney E. Clevinger* AGENT 2-27-07 (352) 351-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Sidney E. Clevinger, Authorized Agent