

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001587

FILED
Jan 19, 2009
Secretary of State

Entity Name: OCALA DOCTORS PROPERTIES, L.L.C.

Current Principal Place of Business:

2415 SE 17TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2415 SE 17TH STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3565004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SID E. CLEVINGER M.D.
2415 SE 17TH STREET
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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLEVINGER, SIDNEY E M.D.
Address: 2415 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

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: SID E CLEVINGER

MGR

01/19/2009

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