

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001587

FILED
Feb 16, 2010
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
Name: CLEVINGER, SIDNEY E M.D.
Address: 2415 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

I hereby 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 MD

PRES

02/16/2010

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