


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 008 ****50.00

DOCUMENT # M00000001675 1. Entity Name OCALA MEDICAL INVESTORS, LLC	
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Principal Place of Business 3570 KEITH STREET, NW CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET, NW CLEVELAND, TN 37312
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40096860



05192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1829160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFE CARE CENTERS OF AMERICA, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCALA MEDICAL, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/21/06

Date

(423) 473-5868

Daytime Phone #

Joan E. Thurmond, Assistant Secretary