

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90013 029 ****61.25

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07112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3753758 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEELEY, THOMAS
3274 W PEBBLE BEACH COURT
LECANTO, FL 34461

7. Name and Address of New Registered Agent

Name Humeraa Qamar, MD
Street Address (P.O. Box Number is Not Acceptable)
1749 SE 28th Loop Suite 1
City Ocala FL Zip Code 34471

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 Humeraa Qamar DATE 7-12-05
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEELEY, THOMAS E	
STREET ADDRESS	3274 W PEBBLE BEACH CURT	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEELEY, GAYLE	
STREET ADDRESS	3274 W PEBBLE BEACH CURT	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEELEY, DEBORAH	
STREET ADDRESS	3274 W PEBBLE BEACH CURT	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Baker	
STREET ADDRESS	3275 W. Pebble Beach Court	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Cunningham	
STREET ADDRESS	9061 SW 190th Ave. Rd.	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Humeraa Qamar, MD	
STREET ADDRESS	1749 SE 28th Loop Ste. 1	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Shetty	
STREET ADDRESS	1737-A SE 28 Loop	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Humeraa Qamar DATE 7-12-05 DAYTIME PHONE # 352-369-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR