
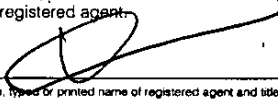



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90106 049 \*\*\*\*61.25

<b>DOCUMENT # N01000005932</b> 1. Entity Name 18TH AVENUE MEDICAL PARK POA, INC.					
Principal Place of Business 1749 SOUTHEAST 28TH LOOP SUITE 1 OCALA, FL 34471 US			Mailing Address 1749 SOUTHEAST 28TH LOOP SUITE 1 OCALA, FL 34471 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3753758	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QAMAR, HUMERAA M.D.			Name		
1749 SOUTHEAST 28TH LOOP			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1					
OCALA, FL 34471			City		
			FL Zip Code		
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		2-27-06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, JUDY		NAME		
STREET ADDRESS	3275 WEST PEBBLE BEACH COURT		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, HARRY		NAME		
STREET ADDRESS	9061 SOUTHWEST 190 AVENUE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34432		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QAMAR, HUMERAA M.D.		NAME		
STREET ADDRESS	1749 SOUTHEAST 28TH LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHETTY, N/A DR.		NAME		
STREET ADDRESS	1737 A SOUTHEAST 28 LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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		2-27-06 352-364-8640 Date Daytime Phone #	