

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005932

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

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP

CR2E037 (4/06)

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

QAMAR, HUMERAA M.D.
1749 SOUTHEAST 28TH LOOP
SUITE 1
OCALA, FL 34471

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAKER, JUDY
STREET ADDRESS 3275 WEST PEBBLE BEACH COURT
CITY-ST-ZIP LECANTO, FL 34461

TITLE V
NAME CUNNINGHAM, HARRY
STREET ADDRESS 9061 SOUTHWEST 190 AVENUE ROAD
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE T
NAME QAMAR, HUMERAA M.D.
STREET ADDRESS 1749 SOUTHEAST 28TH LOOP
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000646352
03/06/07-80026-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humeraa Qamar / Treasurer 2/22/07 352-369-8690

Date

Daytime Phone #