


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005932 1. Entity Name 18TH AVENUE MEDICAL PARK POA, INC.	
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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
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01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3753758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, JUDY 3275 WEST PEBBLE BEACH COURT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUNNINGHAM, HARRY 9061 SOUTHWEST 190 AVENUE ROAD DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QAMAR, HUMERAA M.D. 1749 SOUTHEAST 28TH LOOP OCALA, FL 34471
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05/21/08-80111-020 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:  Humeraa Qamar, MD 4.23.08 352-369-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #