

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005932

FILED
Feb 25, 2009
Secretary of State

Entity Name: 18TH AVENUE MEDICAL PARK POA, INC.

Current Principal Place of Business:

1749 SOUTHEAST 28TH LOOP
SUITE 1
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1749 SOUTHEAST 28TH LOOP
SUITE 1
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3753758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, JUDY
Address: 3275 WEST PEBBLE BEACH COURT
City-St-Zip: LECANTO, FL 34461

Title: V () Delete
Name: CUNNINGHAM, HARRY
Address: 9061 SOUTHWEST 190 AVENUE ROAD
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: QAMAR, HUMERAA M.D.
Address: 1749 SOUTHEAST 28TH LOOP
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMERAA QAMAR, M.D.

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02/25/2009

Electronic Signature of Signing Officer or Director

Date