

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005932

FILED  
Mar 19, 2010  
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  
Name: BAKER, JUDY  
Address: 3275 WEST PEBBLE BEACH COURT  
City-St-Zip: LECANTO, FL 34461

Title: V  
Name: PETSCHKE, PAUL  
Address: 2760 SE 17TH ST. STE 402  
City-St-Zip: OCALA, FL 34471

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

I hereby 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 all other like empowered.

SIGNATURE: HUMERAA QAMAR

T

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date