

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006276

FILED  
Jun 13, 2008  
Secretary of State

Entity Name: GREATER OCALA HEALTH INFORMATION TRUST, INC.

**Current Principal Place of Business:**

8484 SW 103 ST. RD.  
OCALA, FL 34481

**New Principal Place of Business:**

4970 SW 2ND COURT  
OCALA, FL 34471

**Current Mailing Address:**

8484 SW 103 ST. RD.  
OCALA, FL 34481

**New Mailing Address:**

4970 SW 2ND COURT  
OCALA, FL 34471

FEI Number: 26-0857787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIS, DAVID C.  
8484 SW 103 ST. RD.  
OCALA, FL 34481      US

**Name and Address of New Registered Agent:**

HUNT, JOHN R TREASUR  
4970 SW 2ND COURT  
OCALA, FL 34471      US

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: JOHN R. HUNT

06/13/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SEEK, MELVIN S.  
Address: 8484 SW 103 ST. RD.  
City-St-Zip: OCALA, FL 34481

Title: D      ( ) Delete  
Name: WILLIS, DAVID C.  
Address: 8484 SW 103 ST. RD.  
City-St-Zip: OCALA, FL 34481

Title: D      ( ) Delete  
Name: HOLLORAN, ROBERT W.  
Address: 8484 SW 103 ST. RD.  
City-St-Zip: OCALA, FL 34481

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: TREA      ( ) Change (X) Addition  
Name: HUNT, JOHN R.  
Address: 4970 SW 2ND COURT  
City-St-Zip: OCALA, FL 34471 US

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: JOHN R. HUNT

TREA

06/13/2008

Electronic Signature of Signing Officer or Director

Date