

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006276

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** GREATER OCALA HEALTH INFORMATION TRUST, INC.

**Current Principal Place of Business:**

6041 SW 54 ST STE 100  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2044  
OCALA, FL 344782044

**New Mailing Address:**

**FEI Number:** 26-0857787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNT, JOHN R TREASUR  
4970 SW 2ND COURT  
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: D  
Name: SEEK, MELVIN S.  
Address: 8484 SW 103 ST. RD.  
City-St-Zip: OCALA, FL 34481

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

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

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

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: JOHN R. HUNT

TREA

04/07/2010

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

\_\_\_\_\_  
Date