

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001075

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL BUSINESS LEADERS OF MARION COUNTY, INC

**Current Principal Place of Business:**

2510 SE MARICAMP RD  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2510 SE MARICAMP RD  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 27-1808845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODS, J A  
1183 SE 56TH AVE  
OCALA, FL 34480 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, D  
**Name:** LEE, KENNETH B DR  
**Address:** 9387 SW 72ND CT  
**City-St-Zip:** OCALA, FL 34480 US

**Title:** S, D  
**Name:** GERIL, ADAM  
**Address:** 3734 SE 55TH COURT  
**City-St-Zip:** OCALA, FL 34480 US

**Title:** T, D  
**Name:** WOODS, J A  
**Address:** 1183 SE 56 AVE  
**City-St-Zip:** OCALA, FL 34480 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:** J A WOODS

T, D

04/18/2011

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

\_\_\_\_\_  
Date