

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90186 007 ****61.25

DOCUMENT # N93000000226

1. Entity Name

**PADDOCK PARK PROFESSIONAL CENTER MANAGEMENT ASSO
CIATION, INC.**

Principal Place of Business

**2403 S.E. 17TH STREET
OCALA FL 34471**

Mailing Address

**2403 S.E. 17TH STREET
OCALA FL 34471**

2. Principal Place of Business

2437 SE 17th Street

3. Mailing Address

2437 SE 17th Street

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

Marion

Zip

34471

Country

Marion

4. FEI Number

59-3150968

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EHlers, HENRY A
2403 S.E. 17TH STREET
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **Henry A. Ehlers**

Street Address (P.O. Box Number is Not Acceptable)
2437 SE 17th St., Suite 102

City

Ocala,

FL

Zip Code
34471

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **EHlers, HENRY A.**
STREET ADDRESS **2403 S.E. 17TH STREET**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
NAME **PALMER, WHITFIELD**
STREET ADDRESS **3300 SW 34TH AVE. STE. 148**
CITY-ST-ZIP **OCALA FL-34474**

TITLE **D** ☒ Delete
NAME **BARBER, JON K**
STREET ADDRESS **3300 SW 34TH AVE-STE-148**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☐ Delete
NAME **Brian E. Ehlers**
STREET ADDRESS **2437 SE 17th St, Ste. 102**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2437 SE 17th S.t, Suite 102**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

352-351-3611

Date

Daytime Phone #

CR2E037 (9/01)