

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N93000000226

1. Entity Name
**PADDOCK PARK PROFESSIONAL CENTER
MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business

**2437 SE 17TH STREET
STE 102
OCALA, FL 34471**

Mailing Address

**2437 SE 17TH STREET
STE 102
OCALA, FL 34471**



02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3686141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EHLERS, HENRY A
2437 SE 17TH ST STE 102
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000654318
03/13/07-80056-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
EHLERS, HENRY A.
2437 SE 17TH ST STE 102
OCALA, FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Henry A. Ehlers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HENRY A. EHLERS - PRESIDENT

2-27-07 (352)351-3611

Date

Daytime Phone #