2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000226

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

Principal Place of Business	Mailing Address
2437 SE 17TH STREET STE 102 OCALA, FL 34471	2437 SE 17TH STREET STE 102 OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02152008 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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	EHLERS, HENRY A.
STREET ADDRESS	2437 SE 17TH ST STE 102
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	PALMER, WHITFIELD
STREET ADDRESS	3300 SW 34TH AVE. STE. 148
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/08-80034-011 61.25

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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: [signature] PRES. HENRY A. EHLERS, PRES 2-18-08 (352)351-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #