


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90194 004 \*\*\*\*70.00

0070509

NONPROFIT CORPORATION - ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N97000005057**

1. Corporation Name

**MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

1040 SW 2ND AVE  
OCALA FL 34470

Mailing Address

1040 SW 2ND AVE  
OCALA FL 34470



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2951256	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

HAYES, JENNIFER  
1040 SW 2ND AVE  
OCALA FL 34470

10. Name and Address of New Registered Agent

81	Name	RAM VASUDEVAN, M.D.	
82	Street Address (P.O. Box Number is Not Acceptable)	1040 SW 2ND AVE	
83			
84	City	FL	85 Zip Code
	OCALA		34474

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4/8/99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, JENNIFER			1.2 NAME			
STREET ADDRESS	1040 SW 2ND AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKMAN, GARY			2.2 NAME	BUCKMAN, GARY		
STREET ADDRESS	1040 SW 2ND AVE			2.3 STREET ADDRESS	1040 SW 2ND AVE		
CITY-ST-ZIP	OCALA FL 34470			2.4 CITY-ST-ZIP	OCALA, FL. 34474		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VASUDEVAN, RAMABHADHAN			3.2 NAME	VASUDEVAN, Ram		
STREET ADDRESS	1040 SW 2ND AVE			3.3 STREET ADDRESS	1040 SW 2ND AVE		
CITY-ST-ZIP	OCALA FL 34470			3.4 CITY-ST-ZIP	OCALA, FL. 34474		
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VASUDEVAN, ANJU			4.2 NAME			
STREET ADDRESS	1040 SW 2ND AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99

352-732-3005

CR2E037 (11/98)