

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005057

FILED
Apr 29, 2005
Secretary of State

Entity Name: MARION MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1040 SW 2ND AVE
OCALA, FL 34470

New Principal Place of Business:

1040 SW 2ND AVE
OCALA, FL 34474

Current Mailing Address:

1040 SW 2ND AVE
OCALA, FL 34470

New Mailing Address:

1040 SW 2ND AVE
OCALA, FL 34474

FEI Number: 59-2951256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASUDEUAN, RAM
1040 SW 2ND AVE
OCALA, FL 34474 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: STD () Delete
Name: TOTTEL, DAWN
Address: 1040 SW 2ND AVE
City-St-Zip: OCALA, FL 34704

Title: PD () Delete
Name: VASUDEVAN, RAMABHADRAN
Address: 1040 SW 2ND AVE
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: VASUDEVAN, ANJU
Address: 1040 SW 2ND AVE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: TOTTEL, DAWN
Address: 1623 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: PD (X) Change () Addition
Name: VASUDEVAN, RAMABHADRAN
Address: 1040 SW 2ND AVE
City-St-Zip: OCALA, FL 34474

Title: VPD (X) Change () Addition
Name: VASUDEVAN, ANJU
Address: 1040 SW 2ND AVE
City-St-Zip: OCALA, FL 34474

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 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 an address, with all other like empowered.

SIGNATURE: DAWN TOTTEL

STD

04/29/2005

Electronic Signature of Signing Officer or Director

Date