2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# N97000005057

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

Current Principal Place of Business:

1040 SW 2ND AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1040 SW 2ND AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-2951256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EHLERS, HENRY A MGR
2437 SE 17 STREET
SUITE 102
OCALA, FL 34471 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
Name: TOTTEL, DAWN
Address: 1623 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

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

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

I hereby 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 all other like empowered.

SIGNATURE: HENRY A. EHLERS MGR 03/20/2012

Electronic Signature of Signing Officer or Director — Date