

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000019239

1. Entity Name
OCALA MEDICAL PROPERTIES II, INC.



Principal Place of Business

825 SE 3RD AVE.
OCALA, FL 33471

Mailing Address

825 SE 3RD AVE.
OCALA, FL 33471



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698922	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THURSTON, GARY A
825 SE 3RD AVE.
OCALA, FL 33471

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THURSTON, GARY A 825 SE 3RD AVE. OCALA, FL 33471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CLEVINGER, SIDNEY E 721 SE 52ND CT. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GUARINO, MICHAEL A 7268 CRYSTAL SPRING RUN WEEKI WACHEE, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP VERO, FRANK M 3502 SE 18TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KEMP, WINDY A 825 SE 3RD AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/06-60022-023 158.75

**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Windy A. Kemp
CFO/Treasurer
(352) 629-7979

1/17/2006 (352) 629-7979
Date Daytime Phone #