

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3698922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000582867
01/11/07-80048-012-150.00

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	

**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

1/5/2007

Date

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

Daytime Phone #