

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019239

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: OCALA MEDICAL PROPERTIES II, INC.

**Current Principal Place of Business:**

825 SE 3RD AVE.  
OCALA, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

825 SE 3RD AVE.  
OCALA, FL 33471

**New Mailing Address:**

FEI Number: 59-3698922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEMP, WINDY A  
825 SE 3RD AVE.  
OCALA, FL 33471    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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: THURSTON, GARY A  
Address: 825 SE 3RD AVE.  
City-St-Zip: OCALA, FL 33471

Title: DVP  
Name: CLEVINGER, SIDNEY E  
Address: 721 SE 52ND CT.  
City-St-Zip: OCALA, FL 34471

Title: DVP  
Name: GUARINO, MICHAEL A  
Address: 7268 CRYSTAL SPRING RUN  
City-St-Zip: WEEKI WACHEE, FL 34606

Title: DVP  
Name: VERO, FRANK M  
Address: 3502 SE 18TH AVE.  
City-St-Zip: OCALA, FL 34471

Title: ST  
Name: KEMP, WINDY A  
Address: 825 SE 3RD AVE.  
City-St-Zip: OCALA, FL 34471

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WINDY A. KEMP

ST

01/06/2010

Electronic Signature of Signing Officer or Director

Date