

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104862

FILED
Jan 07, 2009
Secretary of State

Entity Name: DIAGNOSTIC OUTPATIENT CENTERS OF OCALA, INC.

Current Principal Place of Business:

1030 SE 17TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85
ST PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 20-0246925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS B
150 SECOND AVE N
SUITE 1100
ST PETERSBURG, FL 33701 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: D () Delete
Name: WILLIAMS, LARRY J
Address: 400 12TH AVE N SUITE 400
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY WILLIAMS

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date