

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146799

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: WEST MARION FAMILY MEDICINE, P.A.

## Current Principal Place of Business:

4600 SW 46TH CT BLDG 200 STE 160  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

4600 SW 46TH CT BLDG 200 STE 160  
OCALA, FL 34474

## New Mailing Address:

PO BOX 5518  
OCALA, FL 34478

FEI Number: 03-0534695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROWLEY, MICHAEL MD  
4600 SW 46TH CT  
BLDG 200 SUITE 160  
OCALA, FL 34474 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: P ( ) Delete  
Name: ROWLEY, MICHAEL MD  
Address: 829 SE 36TH LANE  
City-St-Zip: OCALA, FL 34471

Title: ST (X) Delete  
Name: WALKER, STEPHANIE MD  
Address: 829 SE 36TH LANE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: ROWLEY, MICHAEL MD  
Address: PO BOX 5518  
City-St-Zip: OCALA, FL 34478

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: MICHAEL A. ROWLEY MD

P

04/13/2008

Electronic Signature of Signing Officer or Director

Date