P04118

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE FLORIDA

TILL 1 8 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2015

DONNA MARKO OCALA HEALTHCARE ASSOCIATES INC. 9848 SW 110TH STREET OCALA, FL 34481 US

SUBJECT: OCALA HEALTHCARE ASSOCIATES, INC.

Ref. Number: P04118

We have received your document for OCALA HEALTHCARE ASSOCIATES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The form you submitted is for a PARTNERSHIP, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

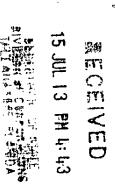
To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 515A00013487



COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Ocala Health Care Associates, INC Name of Corporation
DOCUMENT NUMBER: P 54118
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Marko Name of Contact Person
Ocala Healtheare Associates, INC. Firm/Company
9848 SW 110th Street Address
Ocala Florida 34481 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (352) 291-7253 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Ocala Neathcase Associates, INC 2. The principal office address: 220 Grapevine Run Atlanta Ca 30350
2. The principal office address: 220 Grapevine Run
Atlanta Con 30450
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/20/1184 Document number: P0418
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
John F Gilroy, 111
1435 East Piedmont Drive, Suite 215
Tallahassee . H. 32308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Donna Marko
9848 SW 110th Street
P.O. Box NOT acceptable
Ocala Florida 34481
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Winsta Lets Pres. Winsten A. Porter, President Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Donna Marks Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *