

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154201

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

8484 SW 103RD ST RD
OCALA, FL 34481

New Principal Place of Business:

4600 SW 46TH COURT
SUITE 160
OCALA, FL 34474

Current Mailing Address:

8484 SW 103RD ST RD
OCALA, FL 34481

New Mailing Address:

4600 SW 46TH COURT
SUITE 160
OCALA, FL 34474

FEI Number: 20-3838379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, DAVID C
8484 SW 103RD ST RD
OCALA, FL 34481 US

Name and Address of New Registered Agent:

WILLIS, DAVID C
4600 SW 46TH COURT
SUITE 160
OCALA, FL 34474 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIS, DAVID C
Address: 6723 CHERRY RD
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: WILLIS, DAVID C
Address: 6723 CHERRY RD
City-St-Zip: OCALA, FL 34481

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: DAVID C. WILLIS

DIR

03/24/2009

Electronic Signature of Signing Officer or Director

Date