2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P93000002363

Entity Name: OCALA FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

2230 SW 19TH AVE. RD.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3810
OCALA, FL 344783810 US

New Mailing Address:

2230 SW 19TH AVE. RD.
OCALA, FL 34474 US

FEI Number: 59-3158481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, DEBRA
2801-19 SW COLLEGE RD
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: PD ( ) Delete
Name: GLASSMAN, SHARON
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34474

Title: STD ( ) Delete
Name: FOWLER, D
Address: 2801-18 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: PANZER, ROBERT
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34474

Title: CEO ( ) Delete
Name: BRADSHAW, ROBERT D
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CEO (X) Change ( ) Addition
Name: BRADSHAW, D. ROBERT
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA FOWLER STD 04/23/2007

Electronic Signature of Signing Officer or Director Date