

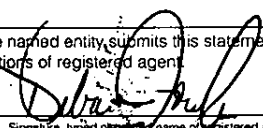
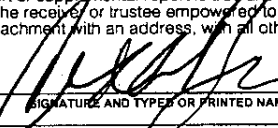


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90018 013 ***150.00

DOCUMENT # P93000002363					
1. Entity Name OCALA FAMILY MEDICAL CENTER, INC.					
Principal Place of Business 2230 SW 19TH AVE. RD. OCALA, FL 34474 US			Mailing Address 2230 SW 19TH AVE. RD. OCALA, FL 34474 US		
2. Principal Place of Business - No P.O. Box # 2230 SW 19 Ave Rd		3. Mailing Address 2230 SW 19 Ave Rd		 03282008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Bldg 200		Suite, Apt. #, etc. Bldg 200			
City & State Ocala FL		City & State Ocala FL			
Zip 34471	Country USA	Zip 34471	Country USA	4. FEI Number 59-3158481	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, DEBRA 2801-19 SW COLLEGE RD OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2801 SW College Rd Unit 18 City Ocala FL Zip Code 34474		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Debra Fowler Secretary/Treasurer 03/28/2008			
		<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASSMAN, SHARON	NAME			
STREET ADDRESS	2230 SW 19 AVE RD	STREET ADDRESS			
CITY - ST - ZIP	OCALA, FL 34474	CITY - ST - ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOWLER, D	NAME			
STREET ADDRESS	2801-18 SW COLLEGE RD	STREET ADDRESS			
CITY - ST - ZIP	OCALA, FL 34474	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PANZER, ROBERT	NAME			
STREET ADDRESS	2230 SW 19 AVE RD	STREET ADDRESS			
CITY - ST - ZIP	OCALA, FL 34474	CITY - ST - ZIP			
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADSHAW, D. ROBERT	NAME			
STREET ADDRESS	2230 SW 19 AVE RD	STREET ADDRESS			
CITY - ST - ZIP	OCALA, FL 34474	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		D. Robert Bradshaw 4-4-08		352/237-4133	
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	