

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000002363

1. Entity Name  
OCALA FAMILY MEDICAL CENTER, INC.



FILED  
08 OCT 30 PM 3:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2230 SW 19TH AVE. RD.  
BLDG 200  
OCALA, FL 34474 US

Mailing Address  
2230 SW 19TH AVE. RD.  
BLDG 200  
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

Suite, Apt. #, etc.  
Bldg 200

Suite, Apt. #, etc.  
Bldg 200

10212008 Chg-P CR2E034 (12/06)

City & State  
Ocala FL

City & State  
Ocala FL

4. FEI Number  
59-3158481

Applied For  
Not Applicable

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FOWLER, DEBRA  
2801-19 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GLASSMAN, SHARON  
STREET ADDRESS 2230 SW 19 AVE RD  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME FOWLER, D  
STREET ADDRESS 2801-18 SW COLLEGE RD  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME PANZER, ROBERT  
STREET ADDRESS 2230 SW 19 AVE RD  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☒ Delete  
NAME BRADSHAW, D. ROBERT  
STREET ADDRESS 2230 SW 19 AVE RD  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHARON GLASSMAN

Date  
10/28/2008

Daytime Phone #  
352-237-4133