

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002363

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: OCALA FAMILY MEDICAL CENTER, INC.

## Current Principal Place of Business:

2230 SW 19TH AVE. RD.  
BLDG 200  
OCALA, FL 34471 US

## New Principal Place of Business:

2230 SW 19 AVE RD  
BLDG 200  
OCALA, FL 34471 US

## Current Mailing Address:

2230 SW 19TH AVE. RD.  
BLDG 200  
OCALA, FL 34471 US

## New Mailing Address:

2230 SW 19 AVE RD  
BLDG 200  
OCALA, FL 34471 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  
2230 SW 19TH AVE. RD.  
BLDG 200  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

FOWLER, DEBRA  
2801 SW COLLEGE RD  
UNIT 18  
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:

04/22/2009

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition  
Name: FOWLER, DEBRA  
Address: 2801-18 SW COLLEGE RD  
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition  
Name: PANZER, ROBERT  
Address: 2230 SW 19 AVE RD  
City-St-Zip: OCALA, FL 34471

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: DEBRA FOWLER

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date