2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P93000002363

Entity Name: OCALA FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 SW COLLEGE RD
UNIT 18
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

OFFICERS AND DIRECTORS:

Title: PD
Name: GLASSMAN, SHARON
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34474

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

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

Title: VP
Name: MAYFIELD, LARRY
Address: 2230 SW 19 AVE RD
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: DEBRA FOWLER ST 04/20/2011

Electronic Signature of Signing Officer or Director Date