

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071388
1. Corporation Name

OOG Equipment Corporation

Principal Place of Business

Mailing Address

1500 S.E. 17th Street
Building 200
Ocala, Florida 34471

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
9/26/94

3a. Date of Last Report

4. FCI Number
59-3273667

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name Richard C. Mann, Jr., M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
1500 S.E. 17th Street

83 Building 200

84 City
Ocala

FL

85

34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5/29/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY
King, William D.
2622 N.W. 27th Place
Gainesville, Florida 32605

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Richard C. Mann, Jr., M.D.
1.3 STREET ADDRESS 1500 S.E. 17th Street #200
1.4 CITY-ST-ZIP Ocala, Florida 34471

☐ Change

☒ Addition

2.1 TITLE V/D
2.2 NAME Cheryl B. Mann, M.D.
2.3 STREET ADDRESS 1500 S.E. 17th Street #200
2.4 CITY-ST-ZIP Ocala, Florida 34471

☐ Change

☒ Addition

3.1 TITLE S/D
3.2 NAME Douglas R. Murphy, Jr., M.D.
3.3 STREET ADDRESS 1500 S.E. 17th Street #200
3.4 CITY-ST-ZIP Ocala, Florida 34471

☐ Change

☒ Addition

4.1 TITLE T/D
4.2 NAME Ronald P. Spencer, M.D.
4.3 STREET ADDRESS 1500 S.E. 17th Street #200
4.4 CITY-ST-ZIP Ocala, Florida 34471

☐ Change

☒ Addition

5.1 TITLE V/D
5.2 NAME Robert J. Kitos, M.D.
5.3 STREET ADDRESS 1500 S.E. 17th Street #200
5.4 CITY-ST-ZIP Ocala, Florida 34471

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

Daytime Phone #

APPROVED
AND
FILED

96 JUN -4 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001853776

-06/06/96--01080--001

****286.25 ****233.75