

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90327 040 \*\*\*158.75

0531114

**DOCUMENT # P99000043808**

1. Entity Name

**OCALA MEDICAL PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**2405 SE 17TH ST #301  
 Ocala FL 34471**

**2405 SE 17TH ST #301  
 Ocala FL 34471**

**802157**

2. Principal Place of Business

**825 S.E. 3rd AVE.**

3. Mailing Address

**825 S.E. 3rd AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OCALA, Florida**

City & State

**OCALA, Florida**

4. FEI Number

**59-3591233**

Applied For

Not Applicable

Zip

**34471**

Country

**U.S.**

Zip

**34471**

Country

**U.S.**

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

**FULLER, JEFFERY M  
 100 N TAMPA ST, SUITE 2650  
 TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEVINGER, SID E 2415 SE 17TH ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUARINO, MICHAEL 7268 CRYSTAL SPRING RUN WEEKIWACHEE FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PYLES, STEPHEN T P O BOX 1626 OCALA FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THURSTON, GARY 2405 SE 17TH ST #301 OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERO, FRANK M 2300 SE 17TH ST, SUITE 401 OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINDY A. KEMP 825 SE 3RD AVENUE OCALA, FLORIDA 34471	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 SE 3RD AVENUE OCALA, FLORIDA 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINDY A. KEMP 825 SE 3RD AVENUE OCALA, FLORIDA 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**

Date

**Windy A. Kemp  
 CFO/Treasurer  
 (352) 629-7979**

Daytime Phone #

CR2E034 (10/00)