

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000043808**

1. Entity Name

OCALA MEDICAL PROPERTIES, INC.



Principal Place of Business

825 SE 3RD AVE  
OCALA FL 34471

Mailing Address

825 SE 3RD AVE  
OCALA FL 34471



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

Zip

Country

Zip

Country

4. FEI Number

59-3591233

Applied For

Not Applicable

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

KEMP, WINDY A  
825 SE 3RD AVENUE  
OCALA FL 34471

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 DV ☐ Delete  
NAME CLEVINGER, SID E  
STREET ADDRESS 2415 SE 17TH ST  
CITY- ST- ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000244120  
CITY- ST- ZIP 02/26/05-80008-001 150.00

TITLE DT ☐ Delete  
NAME GUARINO, MICHAEL  
STREET ADDRESS 7268 CRYSTAL SPRING RUN  
CITY- ST- ZIP WEEKIWACHEE FL 34607

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

TITLE DV ☐ Delete  
NAME PYLES, STEPHEN T  
STREET ADDRESS P O BOX 1626  
CITY- ST- ZIP Ocala FL 34478

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

TITLE DP ☐ Delete  
NAME THURSTON, GARY  
STREET ADDRESS 825 SE 3RD AVE  
CITY- ST- ZIP Ocala FL 34471

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

TITLE DV ☐ Delete  
NAME VERO, FRANK M  
STREET ADDRESS 2300 SE 17TH ST, SUITE 401  
CITY- ST- ZIP Ocala FL 34471

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

TITLE T ☐ Delete  
NAME KEMP, WINDY A  
STREET ADDRESS 825 SE 3RD AVE  
CITY- ST- ZIP Ocala FL 34471

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 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 10 or Block 11 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

2/25/05  
Date

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