

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 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



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591233	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	CLEVINGER, SID E
STREET ADDRESS	2415 SE 17TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DT
NAME	GUARINO, MICHAEL
STREET ADDRESS	7268 CRYSTAL SPRING RUN
CITY-ST-ZIP	WEEKIWACHEE, FL 34607
TITLE	DV
NAME	PYLES, STEPHEN T
STREET ADDRESS	P O BOX 1626
CITY-ST-ZIP	OCALA, FL 34478
TITLE	DP
NAME	THURSTON, GARY
STREET ADDRESS	825 SE 3RD AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DV
NAME	VERO, FRANK M
STREET ADDRESS	2300 SE 17TH ST, SUITE 401
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	KEMP, WINDY A
STREET ADDRESS	825 SE 3RD AVE
CITY-ST-ZIP	OCALA, FL 34471

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01/25/06-80022-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

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

1/17/2006

Date

Daytime Phone #