



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000043808 1. Entity Name OCALA MEDICAL PROPERTIES, INC.	
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Principal Place of Business 825 SE 3RD AVE OCALA, FL 34471	Mailing Address 825 SE 3RD AVE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3591233	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

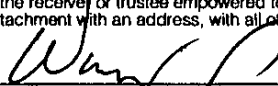
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000583412 01/11/07-80069-025 150.00
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10. OFFICERS AND DIRECTORS

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

**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 on Block 16 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date: 1/5/2007 Daytime Phone #: (352) 629-7979