

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043808

FILED
Feb 18, 2010
Secretary of State

Entity Name: OCALA MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

825 SE 3RD AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

825 SE 3RD AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3591233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV
Name: CLEVINGER, SID E
Address: 2415 SE 17TH ST
City-St-Zip: OCALA, FL 34471

Title: DV
Name: GUARINO, MICHAEL
Address: 7268 CRYSTAL SPRING RUN
City-St-Zip: WEEKIWACHEE, FL 34607

Title: DV
Name: PYLES, STEPHEN T
Address: P O BOX 1626
City-St-Zip: OCALA, FL 34478

Title: DP
Name: THURSTON, GARY
Address: 825 SE 3RD AVE
City-St-Zip: OCALA, FL 34471

Title: DV
Name: VERO, FRANK M
Address: 2300 SE 17TH ST, SUITE 401
City-St-Zip: OCALA, FL 34471

Title: TS
Name: KEMP, WINDY A
Address: 825 SE 3RD AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINDY A KEMP

TS

02/18/2010

Electronic Signature of Signing Officer or Director

Date