

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90016 020 \*\*\*158.75

**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

Zip

Country

Zip

Country

4. FEI Number **59-3591233**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **WINDY A. KEMP**  
Street Address (P.O. Box Number is Not Acceptable)  
**825 SE 3RD AVENUE**  
City **OCALA** FL Zip Code **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 *Windy A. Kemp*  
Signature, typed or printed name of registered agent and title if applicable.

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

(NOT a Registered Agent required when reinstating)

**1/3/2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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  
CITY-ST-ZIP

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:

*Windy A. Kemp*  
**WINDY A. KEMP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Windy A. Kemp  
CEO/Treasurer  
(352) 629-7979**

Date

Daytime Phone #

CR2E034 (10/02)