

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000090615

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

13795 SW 36TH AVE, RD.  
SUITE 4  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

13795 SW 36TH AVE, RD.  
SUITE 4  
OCALA, FL 34473

**New Mailing Address:**

**FEI Number:** 59-3647622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERGMAN, CLAUDETTE L  
146 BRYAN CAVE ROAD  
SOUTH DATONA,  
DATONA, FL 32119 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OKOH, ANTHONY E M.D.  
Address: 13795 SW 36TH AVE. ROAD  
City-St-Zip: Ocala, FL 34473

Title: VP  
Name: SINCLAIR, MERRIT  
Address: 13795 SW 36TH AVE. ROAD  
City-St-Zip: Ocala, FL 34473

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: MERRIT P. SINCLAIR

CEO

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date