

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2012
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 SINCLAIR

ADM

01/04/2012

Electronic Signature of Signing Officer or Director

Date