


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90181 016 \*\*\*150.00

0642661 AT

<b>DOCUMENT #</b> P99000090615	
<b>1. Entity Name</b> MARION OAKS MEDICAL CLINIC OF CENTRAL FLORIDA, I NC.	

<b>Principal Place of Business</b> 128 MARION OAKS BOULEVARD SUITE 101 OCALA FL 34473	<b>Mailing Address</b> 128 MARION OAKS BOULEVARD SUITE 101 OCALA FL 34473
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<b>2. Principal Place of Business</b> 13795 SW 36 Ave Road Suite, Apt. #, etc. Suite 4 City & State Ocala FL.	<b>3. Mailing Address</b> 13795 SW 36 Ave Road Suite, Apt. #, etc. Suite 4 City & State Ocala FL.
<b>Zip</b> 34473	<b>Country</b> Marion



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3647622		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BERGMAN, CLAUDETTE L 14206 CARLSON CIR. TAMPA FL 33626		

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 24703 US HWY 19 N Suite 212 Clearwater City FL Zip Code 33763	
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<b>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.</b>	
<b>SIGNATURE</b> <i>M. Sinclair V.P.</i> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> 4/9/03 (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> OKOH, ANTHONY E M.D. 128 MARION OAKS BLVD., #101 OCALA FL 34473 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> E SINCLAIR, MGRIT 128 MARION OAKS BLVD. OCALA FL 34473 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Sinclair Merrit Correction in spelling <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> <i>M. Sinclair V.P.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 4/9/03 <b>Daytime Phone #</b> 352-347-5444

CFR2034 (10/02)