

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105231

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** CHILDREN'S HEALTH OF OCALA PA

**Current Principal Place of Business:**

1329 SE 25TH LOOP  
SUITE 101  
OCALA, FL 34471

**New Principal Place of Business:**

1301 SE 25TH LOOP  
OCALA, FL 34471

**Current Mailing Address:**

1329 SE 25TH LOOP  
SUITE 101  
OCALA, FL 34471

**New Mailing Address:**

1301 SE 25TH LOOP  
OCALA, FL 34471

**FEI Number:** 59-3606013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OKONKWO, CHRIS N  
1329 SE 25TH LOOP  
SUITE 101  
OCALA, FL 34471 US

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

OKONKWO, CHRIS N  
1301 SE 25TH LOOP  
SUITE 101  
OCALA, FL 34471 US

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: CHRIS OKONKWO

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: OKONKWO, CHRIS N  
Address: 1329 SE 25TH LOOP, SUITE 101  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: OKONKWO, CHRIS N  
Address: 1301 SE 25TH LOOP, SUITE 101  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRIS OKONKWO

MD

04/30/2008

Electronic Signature of Signing Officer or Director

Date