

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006276

Entity Name: GREATER OCALA HEALTH INFORMATION TRUST, INC.

Current Principal Place of Business:

6041 SW 54 ST STE 100
OCALA, FL 34474

Current Mailing Address:

P.O. BOX 2044
OCALA, FL 34478-2044

FEI Number: 26-0857787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUNT, JOHN RTREASUR
4970 SW 2ND COURT
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SEEK, MELVIN S.
Address 8484 SW 103 ST. RD.
City-State-Zip: Ocala FL 34481

Title D
Name WILLIS, DAVID C.
Address 8484 SW 103 ST. RD.
City-State-Zip: Ocala FL 34481

Title D
Name HOLLORAN, ROBERT W.
Address 8484 SW 103 ST. RD.
City-State-Zip: Ocala FL 34481

Title TREA
Name HUNT, JOHN R.
Address 4970 SW 2ND COURT
City-State-Zip: Ocala FL 34471

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. HUNT

TREASURER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date