

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000160108

**Entity Name:** OCALA MEDICAL BUILDING JOINT VENTURE, LLC.**Current Principal Place of Business:**2020 SE 17TH STREET  
OCALA, FL 34471**Current Mailing Address:**2020 SE 17TH STREET  
OCALA, FL 34471 US**FEI Number:** 59-3224117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENN R PADGETT, PA  
1452 N. U.S. HIGHWAY 1  
ORMOND BEACH, FL 32174 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**Authorized Person(s) Detail :**

Title	AMBR
Name	BENNETT, C. JOSEPH M.D.
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AR
Name	ROY, KERRI K
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AMBR
Name	BRANT, TIMOTHY A M.D.
Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

Title	AR
Name	PADGETT, GLENN R ESQ.
Address	1452 N. US HWY 1 SUITE 116
City-State-Zip:	ORMOND BEACH FL 32174

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY A BRANT MD**MEMBER****02/03/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date