

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P04118

FILED  
Mar 28, 2002 8:00 AM  
Secretary of State

Entity Name: OCALA HEALTHCARE ASSOCIATES, INC.

**Current Principal Place of Business:**

2459 WILLIAM COURT  
ATLANTA, GA 30360 US

**New Principal Place of Business:**

**Current Mailing Address:**

2459 WILLIAM COURT  
ATLANTA, GA 30360 US

**New Mailing Address:**

FEI Number: 58-1580282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCKIBBEN, R. BRUCE JR  
1301 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PORTER, WINSTON A  
Address: 2459 WILLIAM COURT  
City-St-Zip: ATLANTA, GA 30360 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WINSTON A. PORTER

PRES

03/28/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date