

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P04118

FILED
Aug 27, 2003
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:

220 GRAPEVINE RUN
ATLANTA, GA 30350 US

Current Mailing Address:

2459 WILLIAM COURT
ATLANTA, GA 30360 US

New Mailing Address:

220 GRAPEVINE RUN
ATLANTA, GA 30350 US

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

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

08/27/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date