

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04118

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** OCALA HEALTHCARE ASSOCIATES, INC.

**Current Principal Place of Business:**

220 GRAPEVINE RUN  
ATLANTA, GA 30350 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 GRAPEVINE RUN  
ATLANTA, GA 30350 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  
1435 EAST PIEDMONT DRIVE  
214  
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: 220 GRAPEVINE RUN  
City-St-Zip: ATLANTA, GA 30350 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 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: WINSTON PORTER

MR.

03/30/2007

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

\_\_\_\_\_ Date