

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



95 MAY - 1 AM 3:22

DOCUMENT # **P04118 (6)**  
 1. Corporation Name  
**OCALA HEALTHCARE ASSOCIATES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2457 WILLIAM COURT ATLANTA GA 30360 US** *2459* **2459 WILLIAM COURT ATLANTA GA 30360 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
**2459 William Ct**  
 22 City & State 27 City & State  
 23 ZIP 25 State 29 ZIP 30 State

3. Date Incorporated or Qualified **11/20/1984** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **58-1560282** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. This corporation has liability for intangible tax under S. 199.012 Florida Statutes.  Yes  No **NONE**

9. Name and Address of Current Registered Agent  
**HABEN, CULPEPPER, DUNBAR & FRENCH PA  
 308 N MONROE ST  
 TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent  
 B1 Name **(PENNINGTON HARBEN) LAW FIRM**  
 B2 Street Address, P.O. Box Number if Not Acceptable **215 S. MONROE ST**  
 B3 **2ND FLOOR**  
 B4 City **TALLAHASSEE** FL B5 Zip Code **32301**

*Note same company (it merged)*

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  
 SIGNATURE *Winston A. Porter* *Winston A. Porter* *Winston A. Porter* *Winston A. Porter*

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>PTS PORTER, WINSTON A</b>
12.2 STREET ADDRESS	<b>2459 WILLIAM COURT ATLANTA GA</b>
12.3 CITY, STATE, ZIP	
12.4 TITLE	
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY, STATE, ZIP	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY, STATE, ZIP	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made personally. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the § 17 of Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Winston A. Porter* **Winston A. Porter** **2/10/95** **404 986 0901**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR