

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04118

FILED
Mar 22, 2011
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:

GILROY, JOHN F III
1435 EAST PIEDMONT DRIVE
STE 215
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: PORTER, WINSTON A
Address: 220 GRAPEVINE RUN
City-St-Zip: ATLANTA, GA 30350 US

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 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 all other like empowered.

SIGNATURE: WINSTON A. PORTER

PRES

03/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date