

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04118

Entity Name: OCALA HEALTHCARE ASSOCIATES, INC.

Current Principal Place of Business:

220 GRAPEVINE RUN
ATLANTA, GA 30350

Current Mailing Address:

220 GRAPEVINE RUN
ATLANTA, GA 30350 US

FEI Number: 58-1580282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILROY, JOHN FIII
1695 METROPOLITAN CIR
STE 2
TALLAHASSEE, FL 32308 US

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

Officer/Director Detail :

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

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

PRESIDENT

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date