

P04118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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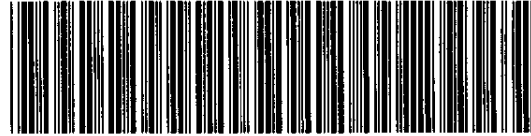
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2015

DONNA MARKO  
OCALA HEALTHCARE ASSOCIATES INC.  
9848 SW 110TH STREET  
OCALA, FL 34481 US

SUBJECT: OCALA HEALTHCARE ASSOCIATES, INC.  
Ref. Number: P04118

We have received your document for OCALA HEALTHCARE ASSOCIATES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The form you submitted is for a PARTNERSHIP, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 515A00013487

RECEIVED  
15 JUL 13 PM 4:43  
DIVISION OF STATE  
REGISTRY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocala Healthcare Associates, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P 04118

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Marko  
Name of Contact Person

Ocala Healthcare Associates, Inc  
Firm/Company

9848 SW 110<sup>th</sup> Street  
Address

Ocala Florida 34481  
City/State and Zip Code

donna.marko@trnrc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Marko at ( 352 ) 291-7253  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Ocala Healthcare Associates, Inc
2. The principal office address: 220 Grapevine Run  
Atlanta, Ga 30350
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/20/1984 Document number: P0418

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John F Gilroy, III  
1435 East Piedmont Drive, Suite 215  
Tallahassee, Fl. 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna Marko  
9848 SW 110<sup>th</sup> Street  
P.O. Box NOT acceptable  
Ocala Florida 34481

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Winston A. Porter Pres.  
Signature of an officer or director

Winston A. Porter, President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Donna Marko  
Signature of Registered Agent

7-9-15  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*