

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04118 (6)
 1. Corporation Name

OCALA HEALTHCARE ASSOCIATES, INC.

SEP 11 1995
 11:24:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified: **11/20/1984**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **58-1580282**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
PENNINGTON AND HABEN LAW FIRM
215 S MONROE ST
SECOND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81. Name: **Intrastate Registered Agent Corporation**
 82. Street Address (P.O. Box Number is Not Acceptable): **701 Brickell Avenue**
 83. City: **Miami**
 84. State: **FL**
 85. Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 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: *[Signature]* (Type or print name of signing officer and title, if applicable) (NOTE: Registered Agent signature required when listed as agent) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTS	<input type="checkbox"/>
NAME	PORTER, WINSTON A	
STREET ADDRESS	2459 WILLIAM COURT	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	400001942214		
14 CITY - ST - ZIP	-09/09/96--01033--009		
21 TITLE	****225.00	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	****225.00		
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Winston A. Porter* **WINSTON A. PORTER** **8/12/96** **770-458-4467**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (3/96)