

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04118

1. Entity Name

OCALA HEALTHCARE ASSOCIATES, INC.

09-21-2000 90002 033 ***550.00
P04118

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2457 WILLIAM COURT 2459 WILLIAM CT ATLANTA GA 30360 US		Mailing Address 2459 WILLIAM COURT ATLANTA GA 30360-1600 US		4. FEI Number 58-1580282		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent R. Bruce McKibbin, P.A. 1301 Micosukee Rd Tallahassee, FL 32302-1798		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	City		FL	Zip Code
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
State				State			
Zip				Zip			
<p>8. 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.</p> <p>SIGNATURE _____ DATE _____</p> <p><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small></p>							
<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/></p> <p>(See criteria on back)</p>		<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>		<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PORTER, WINSTON A		NAME				
STREET ADDRESS	2459 WILLIAM COURT		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<p>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</p>							
SIGNATURE: <u>Winston A. Porter</u>		RE: <u>WINSTON A. PORTER Pres</u>		Date: <u>9/15/00</u>		Daytime Phone #: <u>770-220-2936</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

CR2E034 (9/99)

9/21