

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012914

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: OCALA HEART CARE, INC.

## Current Principal Place of Business:

40 SW 12TH ST  
SUITE B-201  
OCALA, FL 34474 US

## New Principal Place of Business:

40 SW 12TH ST  
SUITE B-201  
OCALA, FL 34471 US

## Current Mailing Address:

40 SW 12TH ST  
SUITE B-201  
OCALA, FL 34474 US

## New Mailing Address:

501 SW 96TH LANE  
OCALA, FL 34476 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TORRES, RAMON  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: D ( ) Delete  
Name: COUTURIER, GEORG  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: D ( ) Delete  
Name: TORRES, SHARON  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: TORRES, RAMON  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: DR (X) Change ( ) Addition  
Name: COUTURIER, GEORG  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: ARNP (X) Change ( ) Addition  
Name: TORRES, SHARON  
Address: 40 SW 12TH ST  
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAMON TORRES

DR

07/14/2008

Electronic Signature of Signing Officer or Director

Date