

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012914

Entity Name: OCALA HEART CARE, INC.

FILED  
Feb 15, 2011  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

501 SW 96TH LANE  
OCALA, FL 34476 US

**New Mailing Address:**

FEI Number: 20-8419449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRES, SHARON  
501 SW 96TH LN  
OCALA, FL 34476 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

**OFFICERS AND DIRECTORS:**

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

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

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

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: SHARON TORRES

ARNP

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date