

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012914

Entity Name: OCALA HEART CARE, INC.

FILED
Mar 21, 2012
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

03/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date