

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012914

Entity Name: OCALA HEART CARE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 3130
OCALA, FL 34478 US

FEI Number: 20-8419449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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: RAMON TORRES, M.D.

DR

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date