

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105608

Entity Name: HEART AND VASCULAR CARE OF OCALA, INC

Current Principal Place of Business:

2101 SW 20TH PLACE
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 5190
OCALA, FL 34478 US

FEI Number: 26-1088812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRASHAD, RAKESH M.D.
2101 SW 20TH PLACE
OCALA, FL 34471 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: RAKESH PRASHAD MD

01/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name PRASHAD, RAKESH MD
Address P.O. BOX 5190
City-State-Zip: OCALA FL 34478

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: RAKESH PRASHAD, MD

PSTD

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date