

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000105608

**Entity Name:** HEART AND VASCULAR CARE OF OCALA, INC

**Current Principal Place of Business:**

2930 SE 3RD COURT  
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.  
2930 SE 3RD COURT  
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

01/28/2024

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

01/28/2024

Electronic Signature of Signing Officer/Director Detail

Date