

**2017 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:**

2101 SW 20TH PLACE  
OCALA, FL 34471 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**

**02/16/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                       |
|-----------------|--------------------|-----------------|-----------------------|
| Title           | PSD                | Title           | VPTD                  |
| Name            | PRASHAD, RAKESH MD | Name            | DAS, CHANDRANATH L MD |
| Address         | 2101 SW 20TH PLACE | Address         | 2101 SW 20TH PLACE    |
| City-State-Zip: | OCALA FL 34471     | City-State-Zip: | OCALA FL 34471        |

*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**

**MGR**

**02/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date