

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000096128

**Entity Name:** ASCENT HEALTH P.A.

**Current Principal Place of Business:**

6000 TURKEY LAKE ROAD  
SUITE 207  
ORLANDO, FL 32819

**Current Mailing Address:**

6000 TURKEY LAKE ROAD  
SUITE 207  
ORLANDO, FL 32819

**FEI Number:** 46-4229110

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LALL, AYESHA S M.D.  
6000 TURKEY LAKE ROAD  
SUITE 207  
ORLANDO, FL 32819 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:** AYESHA S LALL M.D.

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name LALL, AYESHA S M.D.  
Address 6000 TURKEY LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

*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:** AYESHA S. LALL M.D.

PSTD

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date