

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000238108

**Entity Name:** DIRECT ACCESS OCALA, LLC

**Current Principal Place of Business:**

390 PONDELLA RD  
#9  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

390 PONDELLA RD  
#9  
N. FT MYERS, FL 33903 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

HEALTHCARE CONSULTANTS ALLIANCE, LLC  
390 PONDELLA ROAD  
#9  
N. FT MYERS, FL 33903 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

**Authorized Person(s) Detail :**

Title MGR  
Name HEALTHCARE CONSULTANTS ALLIANCE, LLC  
Address 390 PONDELLA ROAD #9  
City-State-Zip: N FT MYERS FL 33903

Title MGR  
Name JERALD, JONATHAN  
Address 3002 SE 47TH TERRACE  
City-State-Zip: OCALA FL 34480

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LARRY BEUER**

**CEO**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date