

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105608

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

2930 SE 3RD CT  
OCALA, FL 34471

**New Principal Place of Business:**

2930 SE 3RD CT  
OCALA, FL 34471 US

**Current Mailing Address:**

2930 SE 3RD CT  
OCALA, FL 34471

**New Mailing Address:**

2930 SE 3RD CT  
OCALA, FL 34471 US

**FEI Number:** 26-1088812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRASHAD, RAKESH  
2930 SE 3RD CT  
OCALA, FL 34471 US

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

PRASHAD, RAKESH M.D.  
2930 SE 3RD CT  
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

04/08/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** PRASHAD, RAKESH  
**Address:** 2930 SE 3RD CT  
**City-St-Zip:** OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** PRASHAD, RAKESH MD  
**Address:** 2930 SE 3RD CT  
**City-St-Zip:** OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** RAKESH PRASHAD, M.D.

PSTD

04/08/2009

Electronic Signature of Signing Officer or Director

Date