

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000003302

**FILED**  
**Oct 05, 2014**  
**Secretary of State**

**Entity Name:** TOTAL PATIENT CARE OF OCALA INC.

**Current Principal Place of Business:**

4203 SW 55TH CIRCLE  
OCALA, FL 34474

**New Principal Place of Business:**

3320 SW 33RD ROAD  
200  
OCALA, FL 34474

**Current Mailing Address:**

4203 SW 55TH CIRCLE  
OCALA, FL 34474

**New Mailing Address:**

3320 SW 33RD ROAD  
200  
OCALA, FL 34474

**FEI Number:** 61-1632145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACHER, MARK B  
4203 SW 55TH CIRCLE  
OCALA, FL 34474 US

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

SACHER, MARK B  
3320 SW 33RD ROAD  
200  
OCALA, FL 34474 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: MARK SACHER

10/05/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SACHER, MARK D.O.  
Address: 1919 SW 28TH ST  
City-St-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: MARK SACHER

PRES

10/05/2014

Electronic Signature of Signing Officer or Director

Date