

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 536319

**Entity Name:** OCALA EYE OPTICAL, INC.**Current Principal Place of Business:**4414 SW COLLEGE ROAD  
SUITE 1462  
OCALA, FL 34474**Current Mailing Address:**4414 SW COLLEGE ROAD  
SUITE 1462  
OCALA, FL 34474 US**FEI Number:** 59-1776319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMY, CHANDER N DR.  
4414 SW COLLEGE ROAD  
SUITE 1462  
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:** DR. CHANDER N SAMY

04/23/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MORRIS, MICHAEL MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title VP  
Name POLACK, PETER MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title VP  
Name ARMSTRONG, JODIE MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title VP  
Name AHMED, HINA MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title SECRETARY, TREASURER  
Name ELMALLAH, MOHAMMED MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title VP  
Name ELHALIS, HUSSAIN MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title VP  
Name SRINAGESH, VISHWANATH MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title PRESIDENT  
Name SAMY, CHANDER MD  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

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*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:** CHANDER SAMY MD**REGISTERED AGENT**

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name KIM, SARAH DO  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474

Title COO  
Name HARRISON, ZORA  
Address 4414 SW COLLEGE ROAD  
SUITE 1462  
City-State-Zip: OCALA FL 34474