2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2022
Secretary of State
0859495839CC

DOCUMENT# 603201

Entity Name: OCALA EYE, P.A.

Current Principal Place of Business:

1500 SE MAGNOLIA EXT
SUITE 101
OCALA, FL 34471

Current Mailing Address:

1500 SE MAGNOLIA EXT
SUITE 101
OCALA, FL 34471 US

FEI Number: 59-1363248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMY, CHANDER N DR.
1500 SE MAGNOLIA EXT
SUITE 101
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: DR. CHANDER N. SAMY 04/19/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	VP
Name	JANK, MARK A DR.	Name	MORRIS, MICHAEL DR.
Address	1500 SE MAGNOLIA EXT SUITE 101	Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	PRESIDENT	Title	VP
Name	SAMY, CHANDER N DR.	Name	POLACK, PETER J DR.
Address	1500 SE MAGNOLIA EXT SUITE 101	Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	VP	Title	SECRETARY, TREASURER
Name	ARMSTRONG, JODIE A DR.	Name	ELMALLAH, MOHOMMED K DR.
Address	1500 SE MAGNOLIA EXT SUITE 101	Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	VP	Title	VP
Name	AHMED, HINA N DR.	Name	ELHALIS, HUSSAIN DR.
Address	1500 SE MAGNOLIA EXT SUITE 101	Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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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 04/19/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	SRINAGESH, VISHWANATH DR.
Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471

Title	VP
Name	KIM, SARAH DO
Address	1500 SE MAGNOLIA EXT SUITE 101
City-State-Zip:	OCALA FL 34471