2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
3033629837CC

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 04/22/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	VP
Name	JANK, MARK A DR.	Name	DEATON, JOHN S 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	PRESIDENT
Name	MORRIS, MICHAEL DR.	Name	SAMY, CHANDER N 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	POLACK, PETER J DR.	Name	ARMSTRONG, JODIE A 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	SECRETARY, TREASURER	Title	VP
Name	ELMALLAH, MOHOMMED K DR.	Name	AHMED, HINA N 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: DR. CHANDER N SAMY PRESIDENT 04/22/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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