2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
1389018879CC

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Entity Name: OCALA LUNG & CRITICAL CARE ASSOCIATES, INC.

Current Principal Place of Business:

1834 SW 1ST AVE
STE 101
OCALA, FL 34471

Current Mailing Address:

1834 SW 1ST AVE
SUITE 101
OCALA, FL 34471

FEI Number: 65-0650144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRA, PURUSHOTTAM
1834 SW 1ST AVE
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	MITRA, PURUSHOTTAM
Address	1834 SW 1ST AVE SUITE 101
City-State-Zip:	OCALA FL 34471

Title	VP
Name	KOHLI, NAGESH
Address	1834 SW 1ST AVE SUITE 101
City-State-Zip:	OCALA FL 34471

Title	OFFICER
Name	KARUNAKARA, RAJ G M.D.
Address	1834 SW 1ST AVE STE 101
City-State-Zip:	OCALA FL 34471

Title	OFFICER
Name	GOGINENI, ANIL K M.D.
Address	1834 SW 1ST AVE STE 101
City-State-Zip:	OCALA FL 34471

Title	OFFICER
Name	SEEVARATNAM, ANDREW R M.D.
Address	1834 SW 1ST AVE STE 101
City-State-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: PURUSHOTTAM MITRA OFFICER 04/30/2019

Electronic Signature of Signing Officer/Director Detail — Date