2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2018
Secretary of State
CC1250551572

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Entity Name: OCALA EYE SURGERY CENTER, INC.

Current Principal Place of Business:

3330 SW 33RD ROAD
OCALA, FL 34474-7458

Current Mailing Address:

3330 SW 33RD ROAD
OCALA, FL 34474-7458 US

FEI Number: 59-3323478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	VP
Name	JANK, MARK MD	Name	DEATON, JOHN DO
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	PD	Title	SD, TD
Name	MORRIS, MICHAEL MD	Name	POLACK, PETER MD
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	ARMSTRONG, JODIE MD	Name	AHMED, HINA MD
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	ELMALLAH, MOHAMMED MD	Name	ELHALIS, HUSSAIN MD
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: MICHAEL MORRIS, MD REGISTERED AGENT 04/13/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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