2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
4783671213CC

DOCUMENT# P95000047555

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:

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	Title	VP
Name	MORRIS, MICHAEL MD	Name	POLACK, PETER MD
Address	4414 SW COLLEGE ROAD SUITE 1462	Address	4414 SW COLLEGE ROAD SUITE 1462
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	VP	Title	VP
Name	ARMSTRONG, JODIE MD	Name	AHMED, HINA MD
Address	4414 SW COLLEGE ROAD SUITE 1462	Address	4414 SW COLLEGE ROAD SUITE 1462
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	SECRETARY, TREASURER	Title	VP
Name	ELMALLAH, MOHAMMED MD	Name	ELHALIS, HUSSAIN MD
Address	4414 SW COLLEGE ROAD SUITE 1462	Address	4414 SW COLLEGE ROAD SUITE 1462
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	VP	Title	PRESIDENT
Name	SRINAGESH, VISHWANATH MD	Name	SAMY, CHANDER MD
Address	4414 SW COLLEGE ROAD SUITE 1462	Address	4414 SW COLLEGE ROAD SUITE 1462
City-State-Zip:	OCALA FL 34474	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 STE. 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