

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047555

Entity Name: OCALA EYE SURGERY CENTER, INC.**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: 59-3323478****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
Name JANK, MARK MD
Address 1500 SE MAGNOLIA EXT
SUITE 101
City-State-Zip: OCALA FL 34471

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

Title PD
Name MORRIS, MICHAEL MD
Address 1500 SE MAGNOLIA EXT
SUITE 101
City-State-Zip: OCALA FL 34471

Title SD, TD
Name POLACK, PETER MD
Address 1500 SE MAGNOLIA EXT
SUITE 101
City-State-Zip: OCALA FL 34471

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

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

Title VP
Name ELMALLAH, MOHAMMED MD
Address 1500 SE MAGNOLIA EXT
SUITE 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: MICHAEL MORRIS, MD**PRESIDENT****03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date