2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC3485524742

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Entity Name: OCALA EYE SURGERY CENTER, INC.

Current Principal Place of Business:

3330 SW 33RD ROAD
OCALA, FL 34474

Current Mailing Address:

3130 SW 32ND AVENUE
OCALA, FL 34474 US

FEI Number: 59-3323478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, MICHAEL
3130 S.W. 32ND AVENUE
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VD
Name	SCHWENK, GORDON CM.D.
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	VD
Name	JANK, MARK AM.D.
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	VD
Name	DEATON, JOHN SD.O.
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	PD
Name	MORRIS, MICHAEL MD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

Title	SD
Name	POLACK, PETER JMD
Address	3130 S.W. 32ND AVENUE
City-State-Zip:	OCALA FL 34474

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 03/30/2016

Electronic Signature of Signing Officer/Director Detail — Date