

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000073014

**Entity Name:** OCF PARENT, INC.

**Current Principal Place of Business:**

12670 CREEKSIDE LN, SUITE #200  
FORT MYERS, FL 33919

**Current Mailing Address:**

12670 CREEKSIDE LN, SUITE #200  
FORT MYERS, FL 33919

**FEI Number:** 92-0622411

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARMER, MARK E  
12670 CREEKSIDE LN, SUITE #200  
FORT MYERS, FL 33919 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 D  
Name FARMER, MARK E  
Address 12670 CREEKSIDE LN, SUITE #200  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name MEHALIK, JOHN  
Address 12670 CREEKSIDE LN, SUITE #200  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name COLLINS, SANDRA B  
Address 12670 CREEKSIDE LN, SUITE #200  
City-State-Zip: FORT MYERS FL 33919

*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:** MARK FARMER

MANAGER

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date