2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L05000032527

Entity Name: TRIAD OF OCALA, LLC

Current Principal Place of Business:

2605 SW 33RD ST
STE 200
OCALA, FL 34474

New Principal Place of Business:

2605 SW 33RD ST
STE 200
OCALA, FL 34471

Current Mailing Address:

PO BOX 2495
OCALA, FL 34478

New Mailing Address:

FEI Number: 02-0742610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH
2605 SW 33RD ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

KIRKPATRICK, KENNETH
2605 SW 33RD ST
#200
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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HOLIK, RENE	
Address:	PO BOX 9236	
City-St-Zip:	JACKSON, WY 83002	
Title:	MGR	( ) Delete
Name:	DEBENEDICTY, GEORGE S	
Address:	PO BOX 772532	
City-St-Zip:	OCALA, FL 34477 25	
Title:	MGR	( ) Delete
Name:	MATTHEWS, PAUL I	
Address:	2296 BUCKLAND AVE	
City-St-Zip:	FREMONT, OH 43420	
Title:	MGR	( ) Delete
Name:	HOLIK, ROBERT	
Address:	PO BOX 9236	
City-St-Zip:	JACKSON, WY 83002	
Title:	MGRM	( ) Delete
Name:	MALMAN, MYLES H	
Address:	3107 STIRLING RD STE 101	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	MGRM	( ) Delete
Name:	MALMAN, JILL A	
Address:	3107 STIRLING RD STE 101	
City-St-Zip:	FORT LAUDERDALE, FL 33312	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE S. DEBENEDICTY MGR 03/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date