

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032527

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: TRIAD OF OCALA, LLC

**Current Principal Place of Business:**

2605 SW 33RD ST  
STE 200  
OCALA, FL 34471 US

**New Principal Place of Business:**

2605 SW 33RD ST  
#200  
OCALA, FL 34471 US

**Current Mailing Address:**

PO BOX 2495  
OCALA, FL 34478 US

**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  
#200  
OCALA, FL 34471 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLIK, RENE  
Address: PO BOX 9236  
City-St-Zip: JACKSON, WY 83002 US

Title: MGR  
Name: DEBENEDICTY, GEORGE S  
Address: PO BOX 772532  
City-St-Zip: OCALA, FL 34477 US

Title: MGR  
Name: MATTHEWS, PAUL I  
Address: 2296 BUCKLAND AVE  
City-St-Zip: FREMONT, OH 43420 US

Title: MGR  
Name: HOLIK, ROBERT  
Address: PO BOX 9236  
City-St-Zip: JACKSON, WY 83002 US

Title: MGRM  
Name: MALMAN, MYLES H  
Address: 3107 STIRLING RD STE 101  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM  
Name: MALMAN, JILL A  
Address: 3107 STIRLING RD STE 101  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby 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

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date