

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032527

**Entity Name:** TRIAD OF OCALA, LLC

**Current Principal Place of Business:**

2605 SW 33RD ST  
#200  
OCALA, FL 34471

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC9083143632**

**Current Mailing Address:**

PO BOX 2495  
OCALA, FL 34478 US

**FEI Number: 02-0742610**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

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

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

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

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

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GEORGE S. DEBENEDICTY**

**MGR**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date