

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016128

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: PETERSON & SMITH EQUINE HOSPITAL , LLC

## Current Principal Place of Business:

4747 SW 60TH AVE.  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

4747 SW 60TH AVE.  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 65-1072193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN ESQ.  
1531 S.E. 36TH AVENUE  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

HAMER, KELLY G ESQ.  
307 NW 3RD STREET  
OCALA, FL 34475 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: KELLY G. HAMER

03/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MATTHEWS, PHILIP M  
Address: 4747 SW 60TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: HAHN, J. KEVIN  
Address: 4747 SW 60TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: SLONE, DONNIE E  
Address: 4747 SW 60TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: RUSSELL, WILLIAM B  
Address: 4747 SW 60TH AVE.  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: CLARK, CAROL  
Address: 4747 SW 60TH AVE  
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition  
Name: SLONE, DONNIE E JR.  
Address: 4747 SW 60TH AVE.  
City-St-Zip: OCALA, FL 34474

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

Title: MGRM (X) Change ( ) Addition  
Name: HUGHES, FAITH E  
Address: 4747 SW 60TH AVE  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Change (X) Addition  
Name: RIGGS, ALLEN B  
Address: 4747 SW 60TH AVENUE  
City-St-Zip: OCALA, FL 34474

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: PHILIP M. MATTHEWS

MGRM

03/26/2009

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