## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000016128

Entity Name: PETERSON & SMITH EQUINE HOSPITAL, LLC

FILED Jan 06, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4747 SW 60TH AVE. OCALA, FL 34474

Current Mailing Address: New Mailing Address:

4747 SW 60TH AVE. OCALA, FL 34474

FEI Number: 65-1072193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 MATTHEWS, PHILIP M

 Address:
 4747 SW 60TH AVE.

 City-St-Zip:
 OCALA, FL 34474

Title: MGRM

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

Title: MGRM

 Name:
 SLONE, DONNIE E JR.

 Address:
 4747 SW 60TH AVE.

 City-St-Zip:
 OCALA, FL 34474

Title: MGRM

 Name:
 RUSSELL, WILLIAM B

 Address:
 4747 SW 60TH AVE.

 City-St-Zip:
 OCALA, FL 34474

Title: MGRM

Name: HUGHES, FAITH E Address: 4747 SW 60TH AVE City-St-Zip: OCALA, FL 34474

Title: MGRM

 Name:
 RIGGS, ALLEN B

 Address:
 4747 SW 60TH AVENUE

 City-St-Zip:
 OCALA, FL 34474

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 Statues.

SIGNATURE: PHILIP M. MATTHEWS MGRM 01/06/2010