

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016128

FILED  
Jan 26, 2011  
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:**

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

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

HAMER, KELLY G ESQ.  
7 EAST SILVER SPRINGS BLVD  
SUITE 500  
OCALA, FL 34470 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

01/26/2011

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 Statutes.

SIGNATURE: PHILIP M. MATTHEWS

MGRM

01/26/2011

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