

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016128

FILED
Jan 10, 2012
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.
7 EAST SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 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: 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: DR. MATTHEWS

MGRM

01/10/2012

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