

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000022530

FILED
Jul 09, 2002 8:00 AM
Secretary of State

Entity Name: CLINICAL PET OF OCALA, LLC

Current Principal Place of Business:

3143 SW 32ND AVENUE
100
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

104 WOODMONT BLVD.
320
NASHVILLE, TN 37205

New Mailing Address:

FEI Number: 01-0561667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KYLE, FRANK R MGR
Address: 104 WOODMONT BLVD. SUITE 320
City-St-Zip: NASHVILLE, TN 37205

Title: MGR () Change (X) Addition
Name: RICCIARDI, PETER D MGR
Address: 104 WOODMONT BLVD. SUITE 320
City-St-Zip: NASHVILLE, TN 37205

Title: MGR () Change (X) Addition
Name: ARORA, GANESH MGR
Address: 3143 SW 32ND AVE. SUITE 100
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER D. RICCIARDI, TREASURER

MGR

07/09/2002

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