
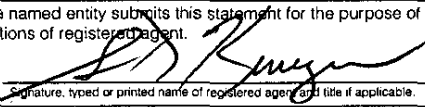
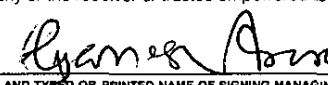


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 022 ****50.00

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # L01000022530 | | | |  | |
| 1. Entity Name CLINICAL PET OF OCALA, LLC | | | | | |
| Principal Place of Business 3143 SW 32ND AVENUE 100 OCALA, FL 34474 | | | Mailing Address 104 WOODMONT BLVD. 320 NASHVILLE, TN 37205 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 01272004 Chg-LLC CR2E083 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| City & State | | City & State | | 01-0561667 | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| Country | | Country | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 SOUTH RINE ISLAND ROAD PLANTATION, FL 33324 | | | Name Scott David Krueger | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 2750 N.W. 43rd Street, Suite 201 | | |
| | | | City | | |
| | | | Gainesville | | |
| | | | FL | | |
| | | | Zip Code | | |
| | | | 32606 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | DATE 1/27/2004 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR | NAME KYLE, FRANK R MGR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 104 WOODMONT BLVD. SUITE 320 | CITY-ST-ZIP NASHVILLE, TN 37205 | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 104 WOODMONT BLVD. SUITE 320 | CITY-ST-ZIP NASHVILLE, TN 37205 | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3143 SW 32ND AVE. SUITE 100 | CITY-ST-ZIP OCALA, FL 34474 | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Date 01/30/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |