


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90196 001 \*\*\*971.25

<b>DOCUMENT # L01000022530</b> 1. Entity Name CLINICAL PET OF OCALA, LLC	
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Principal Place of Business 3143 SW 32ND AVENUE 100 OCALA, FL 34474	Mailing Address 3143 SW 32ND AVENUE 100 OCALA, FL 34474
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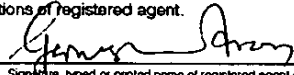


03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 86-1093368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KRUEGER, SCOTT D 2750 N.W. 43RD ST., STE. 201 GAINESVILLE, FL 32606
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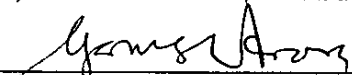
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	4-15-08 <small>DATE</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARORA, GANESH MGR 3143 SW 32ND AVE. SUITE 100 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4-15-08 352-861-4602 <small>Date Daytime Phone #</small>