

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032180

FILED
Apr 30, 2004
Secretary of State

Entity Name: P&S AMBULATORY SERVICES, 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: 20-0196077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 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: MGRM () Delete
Name: PETERSON, JOHN L
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: MATTHEWS, PHILIP M
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: HAHN, J. KEVIN
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: SLONE, DONNIE E
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: RUSSELL, WILLIAM B
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: RIGGS, ALLEN
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RIGGS, ALLEN B
Address: 4747 SW 60TH AVE
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: JOHN L. PETERSON

MGRM

04/30/2004

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

FAITH E. HUGHES
4747 SW 60TH AVENUE
OCALA, FL 34474

CAROL CLARK
4747 SW 60TH AVENUE
OCALA, FL 34474