

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90011 041 \*\*\*\*55.00

**DOCUMENT # L03000032180**

1. Entity Name  
**P&S AMBULATORY SERVICES, LLC**



Principal Place of Business

**4747 SW 60TH AVE  
OCALA, FL 34474**

Mailing Address

**4747 SW 60TH AVE  
OCALA, FL 34474**

**DO NOT WRITE IN THIS SPACE**



04212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0196077**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KING, WILLIAM ALLAN  
1531 SE 36TH AVENUE  
OCALA, FL 34471**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, JOHN L 4747 SW 60TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, PHILIP M 4747 SW 60TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAHN, J. KEVIN 4747 SW 60TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLONE, DONNIE E 4747 SW 60TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, WILLIAM B 4747 SW 60TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGGS, ALLEN B 4747 SW 60TH AVE OCALA, FL 34474

**DO NOT WRITE  
IN THIS SPACE**

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:** James E. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

20047310

# L63000032180

Title: MGRM  
Name: CLARK, CAROL  
Address: 4747 SW 60<sup>TH</sup> AVENUE  
City-St-Zip: OCALA, FL 34474

Title: MGRM  
Name: FAITH E. HUGHES  
Address: 4747 SW 60<sup>TH</sup> AVENUE  
City-St-Zip: OCALA, FL 34474