2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032180

OCALA, FL 34474

City-St-Zip:

Entity Name: P&S AMBULATORY SERVICES, LLC

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4747 SW 60TH AVE OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 4747 SW 60TH AVE OCALA, FL 34474 FEI Number: 20-0196077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, WILLIAM ALLAN 1531 SE 36TH AVENUE OCALA, FL 34471 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PETERSON, JOHN L Name: Name: 4747 SW 60TH AVE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MATTHEWS, PHILIP M Name: Name: Address: 4747 SW 60TH AVE Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAHN, J. KEVIN Name: Name: Address: 4747 SW 60TH AVE Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SLONE, DONNIE E Name: Address: 4747 SW 60TH AVE Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RUSSELL, WILLIAM B Name: Name: 4747 SW 60TH AVE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RIGGS ALLEN B Name: Name: Address: 4747 SW 60TH AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: JOHN L PETERSON MGRM 04/03/2007