

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032180

FILED
Jan 06, 2010
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:

HAMER, KELLY G
307 NW 3RD STREET
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/MANAGERS:

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

Title: MGRM
Name: HAHN, J. KEVIN M
Address: 4747 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGRM
Name: SLONE, DONNIE E JR.
Address: 4747 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

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

Title: MGRM
Name: RIGGS, ALLEN B
Address: 4747 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGRM
Name: HUGHES, FAITH E
Address: 4747 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

I hereby 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: PHILIP M. MATTHEWS

MGMR

01/06/2010

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