

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032180

FILED
Jan 26, 2011
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:

HAMER, KELLY G
7 EAST SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 US

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: KELLY G. HAMER

01/26/2011

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

MGRM

01/26/2011

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