

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032180

FILED  
Jan 10, 2012  
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  
7 EAST SILVER SPRINGS BLVD  
SUITE 500  
OCALA, FL 34470 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:** DR. MATTHEWS

MGRM

01/10/2012

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