

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032527

Entity Name: TRIAD OF OCALA, LLC

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

2605 SW 33RD ST  
STE 200  
OCALA, FL 34474

## New Principal Place of Business:

2605 SW 33RD ST  
STE 200  
OCALA, FL 34471

## Current Mailing Address:

PO BOX 2495  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 02-0742610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH  
2605 SW 33RD ST  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

KIRKPATRICK, KENNETH  
2605 SW 33RD ST  
#200  
OCALA, FL 34471 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:

03/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HOLIK, RENE  
Address: PO BOX 9236  
City-St-Zip: JACKSON, WY 83002

Title: MGR ( ) Delete  
Name: DEBENEDICTY, GEORGE S  
Address: PO BOX 772532  
City-St-Zip: OCALA, FL 34477 25

Title: MGR ( ) Delete  
Name: MATTHEWS, PAUL I  
Address: 2296 BUCKLAND AVE  
City-St-Zip: FREMONT, OH 43420

Title: MGR ( ) Delete  
Name: HOLIK, ROBERT  
Address: PO BOX 9236  
City-St-Zip: JACKSON, WY 83002

Title: MGRM ( ) Delete  
Name: MALMAN, MYLES H  
Address: 3107 STIRLING RD STE 101  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: MALMAN, JILL A  
Address: 3107 STIRLING RD STE 101  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GEORGE S. DEBENEDICTY

MGR

03/19/2009

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