

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019324

FILED
Apr 21, 2009
Secretary of State

Entity Name: EQUINE MEDICAL CENTER OF OCALA, P.L.

Current Principal Place of Business:

7107 W HIGHWAY 326
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

7107 W HIGHWAY 326
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-3993544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, COREY D
7107 W HIGHWAY 326
OCALA, FL 34482 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: MGR () Delete
Name: PELOSO, JOHN G
Address: 21501 N.W. 75TH AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: MGR () Delete
Name: MILLER, COREY D
Address: 4900 N.W. 120TH STREET ROAD
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES:

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: JOHN G. PELOSO

DR

04/21/2009

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