2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L08000081132

Entity Name: OCALA INTEGRATIVE MEDICINE, LLC

Current Principal Place of Business:

27 SW 11TH AVE.
OCALA, FL 34471 US

New Principal Place of Business:

27 SE 11TH AVE.
OCALA, FL 34471 US

Current Mailing Address:

27 SW 11TH AVE.
OCALA, FL 34471 US

New Mailing Address:

27 SE 11TH AVE.
OCALA, FL 34471 US

FEI Number: 26-3249424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, DONALD R
709 CHESSWOOD CT.
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

WALKER, DONALD R
27 SE 11TH AVENUE
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: _____ 05/04/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALKER, JONATHAN R
Address: 10000 GATE PARKWAY #623
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete
Name: WALKER, DONALD R
Address: 709 CHESSWOOD CT.
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALKER, JONATHAN R
Address: 6525 SW 51ST COURT
City-St-Zip: OCALA, FL 34474

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: DONALD R. WALKER DR. 05/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date