

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000008330**1. Entity Name
OCALA EQUINE MEDICAL CENTER, P.L.

Principal Place of Business 21501 NW 75TH AVE. RD. MICANOPY 32667	FL	Mailing Address 21501 NW 75TH AVE. RD. MICANOPY 32667	FL
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2. Principal Place of Business 5640 SW 6TH PLACE, UNIT 800	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State OCALA FL	City & State
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Zip 34474	Country	Zip	Country
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4. FEI Number 59-3582985	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PELOSO JOHN GDVM 21501 NW 75TH AVE. RD. MICANOPY FL 32667 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 **JOHN G. PELOSO, DVM****04/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER COREY DMGRM 21501 NW 75TH AVE. RD. MICANOPY FL 32667	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELOSO JOHN GDVM 21501 NW 75TH AVE. RD. MICANOPY FL 32667	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Corey D. Miller, DVM**MGRM 04/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)